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AN EXPERIMENTAL ANALYSIS OF A MULTIVARIATE FIELD STUDY
CONCERNED WITH THE REHABILITATION OF
CHRONICALLY DEPENDENT WELFARE RECIPIENTS

BY



MARVIN E. MACLEAN

A THESIS

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, a thesis entitled "An Experimental Analysis of a Multivariate Field Study Concerned with the Rehabilitation of Chronically Dependent Welfare Recipients" submitted by Marvin E. MacLean in partial fulfillment of the requirements for the degree of Master of Education.

ABSTRACT

The primary intent of this study was to attempt to demonstrate by experimental design the superiority of an experimental group condition as compared to a control group condition. The experimental group condition involved a multi-disciplinary team approach to rehabilitation treatment of chronic welfare dependency (CWD), using a treatment procedure based on Glasser's (1965) reality therapy principles coupled with an intensive application of services philosophy. Subjects for the study were referred hard-core, chronically dependent male welfare recipients from the City of Edmonton Social Service Department, and the three regional offices of the Department of Social Development, Edmonton. Subjects were randomly assigned to the experimental or control group condition. Experimental group Ss were assigned to the Resource Mobilization for Employment project, a two-year demonstration project funded by the Department of National Health and Welfare and administered through the City of Edmonton Social Service Department. Control group Ss remained with their referring social worker and agency and had no contact with the experimental group condition. There were 79 Ss in the experimental group and 75 Ss in the control group.

The study suggests that the Resource Mobilization for Employment (RMFE) project final report was essentially inadequate from an experimental analysis point of view. This is due to the lack of a follow-up design analysis of data plus the lack of

specific and operationally defined outcome and measurement criteria. The present thesis attempts to expand upon the RMFE project final report by using an eight month follow-up design analysis based on three major outcome criteria; (1) months Ss were employed and/or engaged in educational, vocational, or trades training, (2) months Ss were registered for welfare assistance, and (3) total amount of money Ss received. These measurements were done for Ss in both the experimental and control group conditions. Evaluation of data was accomplished by appropriate ANOVA methods.

Several findings were clearly evident in this study. One finding was the superiority of the experimental group condition to place Ss into stable employment and/or training, when compared to the control group. However, the experimental group was less successful than the control group in removing CWD Ss from financial welfare dependency, and the number of months in registration with or for welfare assistance. Numerous demographic variables were related to a criterion of outcome "success" based on the employment variable in an attempt to identify behavioral variables associated with categories of treatment success. Success outcomes were associated with "welfare experience," the total amount of welfare monies received on a pre-treatment measure, and the time in receipt of welfare monies on a pre-treatment measure. Theoretical implications were discussed in respect to the success-related findings in an attempt to "direct" CWD theory and theory-building toward the behavioral model of human behavior.

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CHAPTER I

INTRODUCTION

For over two decades the issue of the "multi-problem" family has been recognized. As Brown (1968) has pointed out, these families are defined as families suffering a variety of health and welfare problems, and demonstrate chronic dependence on community services. In addition these families display apathy toward agency efforts and/or actually resist or reject the services offered them. In highlighting this problem, Brown further stated:

In the mid-1950's, the State Communities Aid Association, at that time the "State Charities Aid Association," reacted with interest to a series of studies which indicated that a small segment of families consumed the lion's share of community services. The best known report, of course, was on the Family-Centered Project of St. Paul, Minnesota, which said that 6% of the cities families accounted for 77% of its public assistance, 51% of its health services, and 56% of its adjustment services--in mental health, correction and casework. Similar findings were reported from studies in San Mateo County, California; Washington County, Maryland, and Winona County, Minnesota. Most dramatic of all, perhaps, was the finding of New York City's Youth Board that one percent of families were responsible for 75% of the city's delinquency (p. 8).

Throughout the 1950's and the 1960's a number of studies and demonstration projects were carried out in which the subjects were chronically dependent "hard-core" social assistance recipients. Magneson, Chatain, Kolbus, MacLean, Hofley, and Diadio (1969) summarized the general approach and results of these studies:

In recent decades a serious problem for public and private welfare agencies has been the chronically dependent "hard-core" social assistance recipient. The person designated by this term is one who is classified as employable, having no obvious physical or mental handicaps, yet in spite of this, needing social assistance either continuously or on a long term off-and-on basis and giving the impression to general citizens of being lazy or no good. In recent years welfare costs have soared and trends for the future predict further increases. . . . Studies have been undertaken to learn more about this group (the "hard-core"), but these have largely been from the sociological viewpoint, concentrating on demographic characteristics, income, education and other non-individual variables. . . . In North America there appears to be very little knowledge available about the person who is otherwise normal but is unable to function well in the employment situation, thereby becoming a statistic on the welfare rolls (p. 1).

Since the St. Paul, Minnesota, study (1948) had demonstrated the severe nature of the "hard-core" multi-problem family, and the recent authors in this area seemed to acknowledge a continuing lack of information in respect to persons who fall in this category, the present author undertook an extensive literature review to ascertain what work had been done and what findings were reported.

MacLean (1970e) concluded that although some studies showed promising results in respect to rehabilitation services, the research is, by and large, uncontrolled descriptive studies which have presented much data, most of which is equivocal. Further, if rehabilitation and/or social work is to understand and effectively treat hard-core welfare dependency, there is a definite need to start at the beginning. That is, there is a need to carry out well designed exploratory studies which will hopefully identify the basic variables associated with chronic welfare dependency.

A majority of the studies reviewed would seem to have attempted to use varying clinical approaches to demonstrate that their particular method will satisfactorily return the subjects to independent financial and work functioning. However, attempting to clinically treat an undefined problem would seem to be like putting the cart before the horse.

It would appear to follow that exactly what constitutes the "hard-core" unemployed-employable welfare recipient is not really known, in any definitive sense. It is conceivable, however, that this population contains sub-groups, like the lower class social classification has low-lower class sub-groups (Chilman, 1966) which differ from each other in significant ways. Consequently, applying "effective" treatment techniques from one group to another is an error in generality.

Since a review of the literature appears to demonstrate that the domain of the hard-core unemployed-employable welfare recipient is inadequately "mapped", the label 'chronic welfare dependency' (CWD) may, at the present time, be the most legitimate to use. It signifies that a group of individuals, for unidentified reasons (i.e. via verifiable methods), are dependent on welfare agencies for the purpose of meeting basic, everyday needs, and this dependency is considered to be of a chronic nature.

From 1968 to 1970 the City of Edmonton Social Service Department conducted, in conjunction with the federal and Alberta governments, a demonstration-research project involving male

subjects who were considered chronically dependent on social assistance. Although the final report of this study was basically descriptive in presentation, the methodology and data collection of the study lends itself readily to an experimental design analysis. The results found in the Resource Mobilization for Employment project (RMFE) (1970) final report were not based on a follow-up analysis but rather were computed from data collected during and at the termination point of the experimental phase. The present author will attempt to re-analyze the study data in a manner that will constitute an outcome and exploratory research design. This design will be based on an eight month post experimental phase analysis, with data collected at the end of the eight month follow-up period. In specific this study proposes to evaluate, by outcome indices, an experimental treatment condition (RMFE project, reality therapy model, Glasser, 1965) in comparison with a control group condition (conventional welfare services). The outcome indices, based on an eight month follow-up period, will be (1) the number of months subjects (Ss) are employed, (2) the total amount of monies Ss receive from welfare, and (3) the actual number of months Ss are registered for financial assistance with a welfare agency. These behavioral indices, then, constitute the primary outcome measures for the present study.

In addition the study will attempt to relate specific demographic and psychometric variables, suggested, on the basis of

previous research, as being relevant to the CWD problem, to differing degrees of "treatment success." In particular, on the basis of the months-in-employment variable, Ss will be classified as successful or not successful. Specified demographic and psychometric variables will be related to these outcome categories in an attempt to isolate variables that potentially differentiate chronic welfare recipients who can be successfully rehabilitated from those who cannot. In short the hope is to isolate variables that differentiate CWD Ss in relation to their employment response to rehabilitative treatment. It is conceived that such exploratory research is essential to elementary theory-building.

CHAPTER II

RELATED RESEARCH

A review of the literature regarding the CWD individual demonstrates that four problem areas exist. The first problem is that there are no distinct or clearly categorized research areas (e.g. cognitive correlates of chronic welfare dependency; anxiety as related to the degree of unemployment; etc.). As such there has been no systematic attempt to investigate the dimensions which are related to chronic welfare dependency. Primarily the emphasis has been on assessing diverse treatment approaches to the problem of CWD. However, even here the general rule appears to be one of unspecificity regarding the treatment procedures. In general one is reminded of Rainy's (1950) comment: "an unidentified technique applied to unspecified problems with unpredictable outcomes (for which we recommend rigorous training) (p. 22)." As Watson (1924) earlier said: "Usually social situations when they become intolerable cause us to dash blindly into action. . . . Society experiments blindly by trial and error (p. 41)."

The second problem follows from the first. This problem involves the lack of theory or theory-building in relation to chronic welfare dependency. As Byrne (1966) has stated:

The essence of theory-building is the attempt to formulate increasingly broader generalizations which take the established relationships beyond the particular events involved in a specific observation. By giving a more comprehensive explanation of the observation, theories make possible deductions, which in turn lead to the making of new observations. Previously unrelated empirical events are unified in a more comprehensive framework (p. 31).

Geismar and Ayres (1959) noted the lack of theory in their study of the multi-problem family. However, twelve years later one still finds this area lacking in both 'established relationships' and, consequently, unifying theory.

These two problems are perhaps a reflection of the fact that no acceptable definition exists as to what constitutes chronic welfare dependency. Such terms as multi-problem family, the hard-core, unemployed employable welfare recipient, chronic welfare dependency, and work inhibition all appear to refer, generally, to the same problem. As mentioned previously, and in general, CWD persons demonstrate (1) health and/or welfare problems, (2) chronic financial dependence on public or private community agencies, and (3) apathy or active resistance against rehabilitative services. These general characteristics seem to be agreed upon by researchers in this area. However, once past these basic observations, specific definition of the CWD problem is lacking.

The fourth problem related to CWD is that there is a lack of awareness of the studies that have been done in respect to this area. Many of the investigations undertaken are not published in professional journals and such studies often fail to come to the attention of bibliographers in the social science fields. There is a good deal of useful and relevant data relating to welfare issues compiled by many welfare agencies which will remain generally unknown to the serious student.

The following literature review, therefore, while thoroughly undertaken, is undoubtedly incomplete. The

investigations to be reported, by and large, are poorly conducted multivariate field studies with welfare Ss being randomly assigned to vaguely defined treatment conditions and the analysis of treatment effects being largely descriptive in nature. While this author will attempt to delineate those dimensions which appear to be related to chronic welfare dependency, the limited experimental rigor of most of the studies makes such an analysis highly tentative.

Geismar and Ayres (1959) reported on the social characteristics found in a sample of 150 multi-problem families treated by the Family Centered Project in St. Paul, Minnesota. The authors found that the average number of children in the home was 4.4; forty-four percent of the fathers were out of the home at intake (28%--separated, deserted, or divorced; 6%--in correctional institutions; 10%--other). In 43% of the families either or both of the parents had a history of one or more divorces. There had been out of wedlock children in 45% of the families; official neglect petitions had been filed in 22% of the families. Chronic physical diseases or handicaps characterized one or more members in 54% of the families (28% of the fathers, 26% of the mothers; in nearly one-third of the families one or more children were afflicted). Only 27% of the families were home owners and 17% resided at a public housing project.

The mean number of different agencies with which the families had been registered from the date of marriage to Family

Centered Project opening was 8.8. The average family had its first registration some 14 years prior to being screened into the Project. Nearly half the families were referred to one of the social agencies for help within 12 months after marriage. A tradition of dependency upon social agencies was pointed out by the fact that in 46% of the families the parents of both man and woman were known to the Central Registration Bureau; in 33% of the cases the parents of either the man or woman were known and in 6% of the families other relatives were known. In an earlier study, Ayres (1957) had selected one family and determined its contacts with social agencies. The family trees of both man and woman were traced back as far as possible, and 98 relatives were found. Of these, over 80% of all those 21 years and over had records of registrations with agencies. Of this same group, nearly 80% picked husbands or wives whose parents also were known to social agencies.

This social analysis would seem to demonstrate the many variables that are associated with the multi-problem family. In general the multi-problem family, assessed by the Family Centered Project, appears to experience or demonstrate family separation, problems of illegitimacy, child neglect petitions, chronic physical disease or handicap, and a dependence on many community agencies. This dependence is usually of long standing and commenced early after marriage. In addition, parents and relatives of these family members frequently have a history of dependence on public agencies. Chilman (1966) has suggested that this cluster of

behavioral observations is indicative of a "welfare culture"; a sub-group of the lower class social classification which may tend to perpetrate itself through specific values, attitudes and mores.

Milton Friedman (1963, 1964) described a vocational rehabilitation program to serve (in part) chronically dependent clients of welfare agencies in the Metropolitan Toronto area. The purpose of the program was to determine the extent to which chronically dependent clients of welfare agencies could be returned to the labor market. The services included a comprehensive vocational adjustment program; vocational counseling, retraining courses, job placement service and sheltered workshop. Collaboration with community agencies was emphasized.

The project was built around a rehabilitation workshop which duplicated actual industrial working conditions. Work benches, a time clock, a production schedule of contract packaging, mailing, light assembly, payment of hourly wages all helped to create a highly realistic work atmosphere. The workshop was fully integrated with the counseling, testing, and placement services staffed by professionally trained personnel.

In general Friedman (1963) stated that:

The typical chronic welfare client as seen by this unit is not lazy; he is a socially inadequate, psychologically maladjusted person. . . . Few have had psychiatric treatment or been hospitalized. Their distinguishing characteristics include general inability to function adequately in family, social, and work situations, extreme dependency, inertia, a tendency to withdraw from the normal stresses of everyday life, and a lack of motivation to provide for themselves. Clinically they resemble patients described as "inadequate personalities", "sociopaths" or as having "character disorders" (p. 4).

Although Friedman reports his program as "successful", there were no control groups employed and, consequently, no meaningful comparisons were made. In addition, outcome variables were not rigorously defined. However, this author suggests that the "real-life workshop" analog, with integrated clinical services and natural environment rewards (e.g. hourly wages) is deserving of further investigation employing adequate research structure and evaluation. There would appear to be some similarities between this design and the more strict program described by Ayllon and Azrin (1968) in their token economy model.

In 1965 Robert A. Walker published a report on the rehabilitation of the hard-core unemployed as provided through the services of the Minneapolis Rehabilitation Center, Inc. (MRC). The MRC provided sixteen therapeutic services for a one-year period of time to a group of hard-core unemployed Ss selected and referred by the Minneapolis, St. Paul and Hopkins offices of the Minneapolis Employment Service. The program itself cannot be evaluated meaningfully since no control groups were used, but some additional information is provided regarding demographic variables.

In this group it was found that unemployment "was severe and chronic." Although area unemployment was a low 3.4%, forty-eight percent of the project group had been out of work at least half the time during the past five years. In 60% of the job references obtained, the rating was 'unsatisfactory performance on the job'.

In terms of occupational level, 65% of the group were

were unskilled, semi-skilled and service occupations (compared to 27% in an employed Minnesota population). The average I.Q. (WAIS) was 93, and the average educational achievement level was 9.15 years.

Of the Ss in Walker's group, 40% had a psychiatric diagnosis. Further, 20% had a history of hospitalization for mental illness. Forty-two percent of the group had been seen by other agencies for treatment of emotional problems. It is interesting to note that only 19% of the families of the trainees were rated as having a positive attitude concerning the trainees participation in the MRC program. Consequently, not only does this group present many rehabilitative problems, but the individual, should he enter training, cannot expect to receive family support during this period.

Wilson (1967) reported on a two-year Delaware study using a special services unit (3 caseworkers and one supervisor), the purpose of which was to evaluate the impact of intensive casework services (ICS) within a public assistance setting. Workers had one-fifth a standard caseload during the project period (35 cases). Multiple services were provided.

The experimental group (ICS) was randomly selected from assistance rolls and the control group (standard casework) met the same criteria as the experimental group. Outcome criteria were economic dependency, employment and family status. Indicators of economic dependency were receipt of public assistance at the time

of follow-up, reapplication for assistance during the follow-up period, and the proportion of time during the follow-up period families were dependent on public assistance. Measurement was via content analysis of case records and follow-up interviews. In general the results demonstrated that prediction indicators that seemed to hold true for one group did not hold true for the other group. Of interest is the comment by Wilson regarding the hypothesis that a critical time period may exist when a family either returns to or achieves independence from public assistance. Wilson states that "It is during this period . . . that intensive casework can pay off in terms of total rehabilitation (p. 305)." This hypothesis, however, was not tested in any meaningful way, and in all consideration must be considered a clinical speculation. However, the notion that a 'critical period' may exist in terms of establishing or breaking the dependency cycle should be investigated more thoroughly.

Of direct relevance to the present investigation was a study done by Haythorne (1967). His study sample was 515 chronically unemployed Ss in the Edmonton, Alberta area, with the Ss being drawn from the case registrations at the City of Edmonton Social Service Department. This was basically an ex post facto descriptive study. In general Haythorne found that over 60% of the clients suffered from a physical handicap. Nearly one-third displayed some mental health or mental disability problem. The range was from irresponsibility to acute paranoia. One-third were noted for alcoholism. The average number of years of schooling

was 8.2. The occupational level was below the labor force of Edmonton as a whole. The average age was higher, and 75% were married. In general Haythorne states that the characteristics observed in the study group portrays a very low level of employability. Haythorne concludes that the people on welfare have been shown to be a special part of the unemployed group who have special problems. Recommendations are for more integrated services to meet the needs of this group, and for programs such as (1) jobs in sheltered positions, (2) training and rehabilitation programs to help "prepare" the client for competition in the labor market, and (3) placement programs which provide for the special needs of underprivileged applicants. Common to these programs is the need for multi-faceted counseling. Haythorne sees this group of individuals as "social casualties."

Brown (1968) reported on a social research-demonstration program with multi-problem families. The purpose of the study was to assess the effects of intensive social casework on a group of 50 multi-problem families in contrast with the effects of normal public assistance services given a control group of 50 similar families. Caseloads were half the usual number. The treatment phase ran 31 months. Research and treatment aspects of the project were carried out independently. The entire family was considered 'the client'. Measurement was by nine major and 25 minor dimensions developed by Dr. L. Geismar. Content analysis was from interviews by the researchers, and from school, court, and public-private community agencies. The before-and-after

summaries of cases were submitted to teams of trained judges, acting independently, who rated each dimension of family functioning. In essence, the "before" profile analysis showed both groups to be similar. The "after" profile showed no significant differences.

Decore (1969) reported on a three and one-half month Employment Opportunities Program (EOP) in Edmonton, Alberta. The purpose of the program was to provide social assistance recipients with a means for altering their circumstances by creating and enhancing opportunities for recipients to enter employment either directly through job placement or indirectly through retraining. The point of the program was to see how well the program succeeded in placing recipients in employment or retraining.

The task of the placement officers was to gain the recipients trust; evaluate the work aspirations, skills, work experience, and job preferences of the client; to provide information to clients, personally take the recipient to the job interview, and to provide follow-up services. In addition medical, dental, monetary, household repairs, and babysitting incentives were used. The Debtor's Assistance Board was employed to counsel clients with their indebtedness problems. Each worker began with and carried 10 clients at a time. Clients were refused if they had physical or mental disabilities, or were single. Finally 318 ss were divided into two groups, randomly, with 102 in the experimental group and 216 in the control (did not receive

EOP services; remained with conventional welfare services).

Measurement was by percentage according to defined categories.

The initial results demonstrated that in the experimental group 47.1% entered employment and 13.7% entered training programs. In the control group the figures were 9.7% and 1.9% respectively. Of the 19.6% of the experimental group that did not demonstrate any change, 4.9% refused employment, 12.7% suffered "illness, alcoholism, etc." and 2.0% moved out of the project area. On the basis of the initial results, the experimental group was evaluated as having made significant gains over the control group.

Decore, Bourgette, and Lederer (1970) reported on a follow-up study regarding the EOP program (5 month period from the first report). This report was prompted, in part, from the fact that the first report "gave no insight into the extent to which clients once placed, remained in training or employment (p. 1)." The results show that in the experimental group the 'refused to take employment' category increased from 2.0% to 10.8% whereas 'illness, alcoholism, etc.' and 'moved out of the project area' categories remained essentially the same.

In the experimental group 'employment full-time (no social assistance)' decreased from 30.4% to 19.6%, while the categories 'employment full-time (supplementary social assistance)' and 'part-time employment (supplementary social assistance)' remained exactly the same. For the control group 'employment full-time (no social assistance)' increased from 5.8% to 18.3%. It is clear,

therefore, that for this category the difference between groups is not significant. The authors sum the results quite adequately:

While the Employment Opportunities Program appears to be relatively successful in placing recipients in employment or training, it is much less successful in terms of insuring continued employment over time (p. 19).

Employment continued at the same rate only when there was continued supplementary social assistance. Thus, it would appear to this author that the dependency syndrome was not "broken".

Finally the Arkansas Rehabilitation Service (1970) reported on a three and one-half year study that was a special project which aimed at experimenting with intensive efforts in helping marginal workers obtain and retain employment. The hypothesis was that marginal workers could become better adjusted in a job situation, and retain their employment for longer periods of time if they received supportive counseling and services for an extended period during their initial months on their job. All clients assigned to the project were drawn from the agency's active caseload and remained in active status for at least 12 months succeeding placement. The number of clients referred to the project was 239. About 80% of the Ss were below 40 years of age. Subjects were assigned to an experimental and control group on an odd-even basis. Counselors continued regular contacts with the client, employer, and the client's family according to the schedule: first four months, intensive follow-up, then less intensive follow-up services by blocks of four months. The final contact was made at the end of the twelve-month period. Data was collected at each

contact.

Outcome measures were percent of time employed, actual wages received, and performance ratings completed by employer and by the placement officer. Other variables investigated included number of client contacts, number of contacts after placement, cost of services provided, types of disability groups served, previous work experience, marital status, educational level, and type of rehabilitative services provided. Services included physical restoration, training, maintenance, transportation, supplies and equipment, psychiatric treatment, and clothing. Further, about 40% of both groups had received previous vocational training; about 29% of both groups had not received some kind of previous service(s). The authors made the following conclusions:

Provisions of conventional follow-up rehabilitative services on an intensive basis generally had no significant effect on marginal worker job retention. It became evident to project personnel that perhaps further studies including behavior modification might represent a new approach to the problem of job retention. . . . (further) Increased rehabilitation agency activity in the job finding process is imperative . . . (and) finally care should be exercised in each case to insure that client overdependence on agency services is not generated. Wider use of sheltered work and living situations for marginal workers might be of considerable value in the rehabilitative processes for these persons (pp. vii-44).

Summary of the Relevant Literature

In review then, it would appear that many variables are associated with or related to the CWD problem. Ayres (1957) suggested data which tends to indicate that there may be an environmental-learning factor associated with this problem, and

Chilman (1966) has described this as a welfare culture which tends to perpetrate specific values, attitudes, and mores. Friedman (1963) clinically describes the CWD client as being socially inadequate and psychologically maladjusted. Walker (1965) suggested that in terms of evaluations on past work performance, the majority of the hard-core unemployed are rated as unsatisfactory. Walker further suggested that this group of individuals may present unskilled or marginally skilled services to the labor market and educational achievement, on the average, is probably below the high school level. A psychiatric diagnosis is probable in a significant number of cases, and most families will probably treat the achievement attempts of the male with something less than a positive attitude.

Haythorne (1967) has pointed out the probable existence of some physical handicap for this group, and also suggested the mental health problem.

Decore et al (1970) have suggested the necessity for doing follow-up research in this area since these statistics may differ significantly from statistics gathered during or just at the termination of treatment services.

In respect to treatment considerations, controlled studies with a provision for a follow-up analysis have not been able to demonstrate any significant rehabilitative gains when experimental groups are compared to control groups. Consequently the literature to date would seem to imply that although the problem of the CWD

person has been recognized for some time, little real progress has been made in (1) identifying the basic factors that are correlated with degrees of or behavioral differences in chronic welfare dependency, and (2) planning long-term effective treatment outcomes. There are many variables that are observed to co-exist with CWD, and the studies reviewed have elaborated on some of these factors. But nothing can be said about cause and effect relationships. This situation would seem to exist because of (1) a lack of definition of what conditions (or even what particular group of people) constitute the CWD problem, (2) a lack of distinct or clearly categorized research areas, (3) the lack of theory or theory-building in relation to CWD, and (4) a lack of awareness of the studies which have been done in respect to this area. In addition it is quite clear that the studies which have focused on the CWD problem have not adequately defined their independent and, often, dependent variables. Specifics of measurement and data collection are frequently vague, and statistical analyses typically use descriptive rather than inductive methods. In general this author believes that the studies to date, regarding the CWD problem, are poorly conceived and inadequately carried out in respect to methodology.

The Resource Mobilization for Employment Project

Kupfer, Diadio, and Magneson (1970) have reported on a two year research project (1968-70) that was concerned with comparing the rehabilitation effects of a special services (experimental) group with a control (conventional welfare services) group. The

subjects were considered to be hard-core unemployed, employable married male welfare recipients. Referred Ss were randomly assigned to an experimental or control group condition, with the control group Ss having no personal contact with the experimental group conditions. After a two year demonstration (treatment) period, experimental and control group Ss were evaluated as to a pre-post psychometric measurement. Further, at the time of treatment termination, control and experimental group Ss were evaluated according to work performance.

Psychometric evaluation, by the 16 PF, a personality questionnaire (Cattell, Eber, and Tatsuoka, 1970), demonstrated no pre-post change for the control group. However, the experimental group demonstrated, on a pre-post basis, a change toward emotional stability, to assertiveness and competitiveness, to less shyness, lower apprehension and guilt, and to lower tension and anxiety levels.

The experimental group placed Ss into employment in a shorter average time (3.36 months) than was the case in the control group (5.80 months). In addition, of those Ss who worked at the same job for six months or more while the investigation was underway, the average number of months the S remained employed was 13.9 months for the experimental group and 8.6 months for the control group. Related to employment was the finding that the experimental group placed 23 Ss into adult education while in the control group only 9 Ss were placed. Of these Ss placed in adult education, 15 experimental group Ss completed one semester or more, compared

with 3 Ss in the comparison group.

Although these findings are suggestive of a significant degree of "success" in the experimental group as compared to the control group, two major problems exist in respect to the study:

1. The evaluations between the experimental and control groups were done by descriptive statistics rather than by inductive statistics (however, it is to be noted that the design of the RMFE project was essentially experimental). It is asserted by the present author that evaluation of the study conditions by inductive statistics would add to the power of the results and the subsequent conclusion statements.
2. The evaluations between the experimental and control groups were completed at the time of termination of treatment services. Decore et al (1970) have recently pointed out the potential limitations of relying on this type of evaluation. Their data showed dramatic changes when termination statistics were compared to follow-up statistics. Consequently, the findings of the RMFE project, as reported, can only be considered tentative.

The present author, who served as staff psychologist for the RMFE project, contends that the project data should be re-evaluated from an outcome point of view, using an adequate follow-up time period before assessment. The purpose of the present study would therefore be to extend the evaluation period of the RMFE study and thereby avoid the pitfalls demonstrated by Decore et al (1970). It is asserted that resulting conclusions, based on performance variables, between the experimental and control groups would be more meaningful.

In addition to the primary purpose of an outcome analysis, the present author feels that it would be valuable in aiding identification of and in planning treatment of CWD Ss if specific

demographic variables could be shown to be related to degrees of treatment outcome. Are certain variables related to "success" outcomes? Are other variables associated with "unsuccessful" Ss? This investigation of specific and relevant demographic variables (suggested by the previous literature to be correlated with CWD) to treatment outcomes will hopefully assist future researchers in better understanding the problem domain, in evaluating the relevancy of these variables, and in providing some basic data which could assist in elementary theory-building regarding the CWD problem.

CHAPTER III

OPERATIONAL FRAMEWORK

Overview of the Resource Mobilization for Employment Project

As discussed above, most of the research involving the CWD person has been undertaken lacking much, if any, theoretical justification or relevance. Typically the operational rationale has not been guided by experimentally validated theoretical principles, but has involved a rather simple-minded attempt to test various treatment approaches with the goal of evaluating "success" outcomes. The RMFE project was, essentially, no exception to this trend. In the Application for Welfare Demonstration Grant submission, to the Department of National Health and Welfare, it was stated:

This project is proposed by the City of Edmonton Social Service Department to test the hypothesis that a concentration and application of appropriate resources on a number of social assistance clients will bring about their placement in employment, and job tenure that will result in reduction of dependency and the need for financial assistance (p. 1).

It is clear that the main criteria for the RMFE project were three-fold:

1. Placement of social assistance clients into employment with this employment demonstrating stability, and:
2. This employment placement and job tenure should result in a reduction of individual dependency on the concerned welfare agency, and thirdly:
3. This employment placement and job tenure should result in a reduction of individual financial dependency on the concerned welfare agency.

Although the criteria for the RMFE project were established

(albeit in very general terms; e.g. what specifically would constitute an acceptable "reduction in dependency?"), two major omissions are evident in relation to these criteria. The first omission is that, a priori, there was no defined operational framework or methodology established. The project submission proposal stated:

The focus of the project will be the provision of vocational assessment and counseling, work opportunities and selective job placement, educational upgrading, medical, psychiatric, and psychological services together with a pervasive supporting relationship and/or other innovative services which will enable achievement of the goal of job placement and stability in continuing employment (p. 2).

Consequently, general guidelines were suggested but a specific operational procedure or methodology (or even philosophy) was not superimposed on the RMFE project. Operational guidelines were open-ended, and left to the RMFE project staff to develop. This type of approach may appear flexible, and deceptively desirable. However, it must be remembered that a structure such as the Edmonton City Social Service Department has established administration, procedure, and legal restrictions by which it must or prefers to operate. "Innovative services" developed by an outside experimental project may not, at a later stage, be capable of being incorporated into the existing and sponsoring agency. In this sense the lack of an acceptable operational framework constitutes poor planning and encourages subsequent "failure" (i.e. if experimentally developed "innovative services" cannot be adapted

to the institution(s) which administer on-going services to the problem population, then the project results become academic). Furthermore, the lack of an established operational framework makes consistency of methodology an impossibility. The result of this is that analysis of the project, in a way that allows for replication, is negated. Meaningful outcome measurement is made extremely difficult also, since statistical methods cannot compensate for poor research design.

The second major omission in the proposal submission involves measurement or evaluation. The proposal states: "It (is) imperative that any new approach to social planning be evaluated. Without evaluation one cannot determine whether programs have succeeded or failed, and/or whether the money was well spent (p. 7)." Although some measurement tools are mentioned (later much modified or discarded), and a control group provided for, in general the design of the project, prior to actual commencement of the treatment phase, is not discussed in any detailed manner. Eventually (Magneson et al, 1969; Kupfer et al, 1970) the project was evaluated, primarily by descriptive statistics, plus interview and client-report methods.

In conclusion then, since the RMFE project was an exploratory-empirical study, guided by "innovative development" rather than by some theoretical or methodological rationale, it would seem necessary to provide the reader with a brief description of the philosophy, approaches to practice, and design that characterized the study and particularly to try and delineate the

experiences that differentiated the treatment from the control control condition. Without a fairly careful delineation of the distinguishing features of the experimental as opposed to the conventional approaches to welfare rehabilitation, outcome evaluations would be virtually meaningless.

Philosophy of Intensive Service

Kupfer et al (1970) stated that the "purpose of the Special Project was primarily to evaluate intensive social service techniques . . . (p. 7)." As regards the operational procedure of the treatment services, Kupfer et al have further stated that:

Delivery of services that produced results in reducing dependency was the practice. While this goal was emphasized, we were careful not to obscure the feelings of our clientele in the process. In fact our philosophy placed an emphasis on the utilization of those feelings to produce motivation in the individual, to evolve a plan that would eventually release him from dependency. This approach represented a direct attempt to apply the principles of reality therapy (p. 10).

Thus, in a general sense, it can be concluded that the RMFE project attempted to use an intensive services approach (see Table 1, page 33) to the CWD problem, with a focus on the individual barriers to independent behavior (i.e. behaviorally independent from social welfare services in general, and social welfare monies in particular). These general terms found specific definition when each individual case was evaluated and a welfare-removal plan developed. Thus, the general approach can be conceived of as a situation where multi-experiments were conducted, where $N = 1$. However, the methodological rigor (and project report) were not as precise as that reported by Costello and Davidson (1969), but

nevertheless all case planning took place on an $N = 1$ basis.

Use of a Relationship

Kupfer et al (1970) have stated:

Of vital importance to development of an intensive service was the evolvement of a relationship of considerable significance between the counselor and the client. . . . It is important to emphasize the development of skill by the counselor in handling a relationship in a therapeutic manner and yet remain sensitive to personal feelings. . . . Being human, professionals are also prone to certain patterns of thinking which can interfere with individual treatment. Of these patterns, probably the most difficult to ward off in a therapeutic relationship is the natural transference of learning that takes place from one experience to the next. As counselors experience success in one case, they readily transfer the ingredients of that success to the next client who comes along, even though those particular successful ingredients may not be applicable to the new client. In such a situation the client usually feels like he is being treated in a depersonalized manner. Individual treatment . . . is not to be equated with casework. It is important to distinguish the difference between individualized treatment and the methodology which refers specifically to casework or group work, per se. Emphasis is not being placed on technique or methodology, but rather on the process that produces involvement. . . . In our experience, feedback and reaction to and from a therapeutic relationship, occurring on the personal level, is one of the best motivators of potential (pp. 11-12).

As mentioned above, the general approach to the RMFE project was one of intensive services coupled with an attempt to establish a close client-counselor relationship. Individualized treatment plans were developed to facilitate the removal of the individual from social welfare dependency, and in this sense the RMFE project can be conceptualized as an $N = 1$ approach. However, a certain general procedure was typically followed and this general procedure was an extrapolation of Glasser's (1965) seven therapeutic steps. The steps and the RMFE project applications

were as follows:

1. Personal--the counselor became involved in a personal way as a helper to the person (client). The first two weeks the client was in contact with the RMFE project, he received intensive contact with the staff, each service was explained in detail, and numerous meetings established between the client and the counselor. Ideally the counselor got to know the client well enough so that a staff-client meeting could be held to discuss a general life history and, specifically, the behaviors and/or attitudes which seemed to be maintaining the client in welfare dependency.
2. Present Behavior--the assumption was made that behavior can be changed. In respect to the client, the focus was on behavior itself; the task was to find out what the individual was doing in the here and now to cause his behavioral habits and feelings. In this sense the diagnosis re: what was maintaining the client in welfare dependency was a behavioral one, coupled with attitudes that might further perpetrate welfare-dependent behaviors.
3. Value Judgements--the counselor made value judgements about what the client was presently doing; the assumption was that the client was making conscious choices and these choices represented decisions. Patterns of decision-making become habit, but new patterns can be learned. The RMFE staff directly and deliberately encouraged or did not encourage certain patterns of behavior and/or thinking. Patterns of behavior and/or thinking that facilitated the client in removing himself from social welfare were, in general, encouraged.
4. Plan--if a client, for example, had an aptitude in mechanics but had done nothing to develop these personal resources, then a treatment plan might have included the organization of community resources to help the client develop these aptitudes (e.g. adult upgrading courses at the Alberta Vocational Training Center prior to a mechanics course at the Northern Alberta Institute of Technology). The plan was always established by the client with the RMFE staff aiding in planning how to achieve the ultimate goal(s).
5. Commitment--once a client had formulated a plan which would culminate in his removal from social welfare status, a personal commitment was made to that plan.

A client generally established a commitment to the treatment plan by (a) writing out a treatment contract (Berne, 1966; Krumboltz and Thoresen, 1969) in collaboration with his counselor, then (b) reviewing all relevant information, including treatment plans, at a staff-client meeting, and finally (c) reviewing periodically, with his counselor and staff, actual behavior that was congruent or not congruent with fulfillment of the treatment plan.

6. No Excuses--when a client broke a commitment, excuses were not accepted. The assumption was made that excuses never change anything, and discussion regarding who or what was at fault only leads to the avoidance of actual behavior which will change one's present life style. Instead of focusing on excuses, the counselor generally attempted to help the client make a re-commitment to a treatment plan, or to establish a new treatment plan.
7. No Punishment--the assumption was made that when a person is irresponsible he expects to be punished, but the punishment does nothing to change the behavior itself. Punishment probably only reinforces feelings of worthlessness. It was conceived that what needs to happen to a person is a realization that some choices are open and some choices are closed. If a client persisted in making "bad choices" and rehabilitative change seemed impossible, then the RMFE staff possibly restricted the choices available to the client (e.g. not accepting "excuses" as legitimate reasons for welfare monies). This restriction of choices sometimes resembled behavior modification techniques, but in general the methodology was not defined clearly enough to warrant the label 'behavior modification'. There were, however, some exceptions and a behavior modification approach was used.

The reader is referred to Kupfer et al (1970) for a more thorough discussion of the RMFE project operational framework. The foregoing represents only a brief outline of the RMFE project conceptualization of 'intensive services' and the application of this conceptualization to clinical practice within a Glasserian framework. It should be noted, however, that this type of

service approach is, to the knowledge of the present author, and the RMFE project staff, not generally feasible in a conventional welfare services setting. High case loads, educational and professional background, and departmental procedure all hinder the use of this type of services approach to treatment. Table 1, a comparison between the services rendered clients by the experimental and control group conditions, tends to support this concept. In the author's opinion, much (although certainly not all) social work tends to be of a "clerical" nature (e.g. determining registration eligibility; computing monthly budgets; issuing actual welfare monies; etc.). Again Table 1 shows that services other than financial ones were rendered less frequently in the control group than in the experimental group. In general this author questions the degree to which welfare recipients receive actual treatment or counseling which is focused on facilitating the client in removing himself from welfare dependency or the degree to which contingency programs are established to prevent welfare dependency from developing.

In the final analysis any statement regarding intensive services must be relative to the administration of these same services in the control group (conventional welfare services). Control Ss simply remained with their referring social agency, and continued to receive services that are administered on a normal basis (and, assumedly, which were being administered prior to RMFE project referral). Kupfer et al (1970) compared, by percentages, services offered by the RMFE project with the services

offered by the control group. Table 1 presents this comparison of services, and provides a 'services rendered' differential. This differential is a gross index of the "intensive services" concept, and contrasts the experimental with the control group in relation to these services. It can be observed that the RMFE project provided considerably more individual services in a number of categories (e.g. counseling, medical services, use of court referral, etc.) that were presumed by Kupfer et al (1970) to facilitate the process of rehabilitation.

In summary it can be said that this emphasis by the RMFE project (experimental condition) on the individual as a person, the personal involvement with the individual as to his fears and desires, the clients formulation of and commitment to an individualized rehabilitation plan, cannot be emphasized enough. The importance of this approach has recently been referred to by Mowrer (1970):

Why has this eclectic, team approach not worked better than it in fact has? The answer is many faceted: limited financial resources, imperfect knowledge and technology, inadequate training, poor public relations and interpretation, etc. But there is, in my estimation, in some ways a more important consideration: the suffering, afflicted individual has been treated as a passive subject, a "patient"; and it is expected that his salvation or recovery will have to come from what others can do to and for him. In some instances this, unfortunately, is largely true. But in many other areas, the potential effectiveness of the individual himself as active agent has not, it seems, been explored nearly enough . . . (pp. 15-16).

TABLE 1

A COMPARISON OF SERVICES RENDERED* BY THE EXPERIMENTAL AND CONTROL GROUPS DURING THE TREATMENT PERIOD

Project Group	Service	Comparison Group
86.7%	Full financial assistance	95.8%
33.6%	Financial supplement to earnings	16.4%
50.0%	Marital Counseling	9.5%
56.1%	Vocational Counseling	6.8%
43.8%	Budget Counseling	2.7%
44.8%	Other Counseling	6.8%
22.4%	Referral to Debtor's Assistance Board	4.1%
17.3%	Teaching homemakers' assistance	1.3%
23.4%	Medical services	5.4%
5.1%	Probation services	0.0%
25.5%	Psychiatric assessment and care	0.0%
50.0%	Group counseling	2.7%
13.2%	Court referral and/or warning	2.7%
1.0%	Day Care service	1.3%
25.5%	Other	34.2%

*Services rendered means that in the duration of two years, "X" percent of Project and Comparison clients used a particular service or services. For example, a particular client may have used all of the listed services at some time during this period of time.

CHAPTER IV

METHOD

As stated in Chapter I, the RMFE project design will constitute the study design for the present thesis. Although the project was ultimately evaluated by descriptive statistics, the present author will attempt to analyze specified outcome indices, and success-related demographic variables, by inductive statistics. The present thesis is conceived of as an exploratory study, using an experimental research design.

The primary purpose of the study is to compare the experimental group to the control group on employment-related outcome indices. Further, an attempt will be made to relate relevant demographic variables to degrees of success outcomes. The analysis will hopefully aid in "mapping the field", as the variables relate to the CWD problem. Further, this analysis will hopefully stimulate further research and assist in theory-building.

The Subjects

Subjects for the present study were to be married males, who were considered, by the respective referring social worker, to be chronically dependent on social welfare services. In particular the Ss were to be under forty-five years of age, and not grossly incapacitated by any known physical or psychological ailment. The Ss were to have been unemployed for six months or more and/or have a record of employment over the previous two years involving many different employers and/or many different

kinds of employment. The total number of referrals to the RMFE project by December 29, 1969 was 184 Ss. The control group received 75 Ss and the experimental group received 109 Ss (these numbers suggest strict random assignment of Ss to treatment conditions was not attained; an elaboration of this problem is presented in chapter VII, discussion and implications). The experimental group had 22 dropouts before the S had contact with the RMFE project, and 5 dropouts after the S had contact. In addition, 3 Ss were rejected according to the criteria established for eligibility. Therefore the experimental group had 79 Ss who were "active" during the treatment phase.

Kupfer et al (1970) have described the general characteristics of both the experimental and control group Ss. Table 2 summarizes this data.

Job History

By file analysis, "70.4% of the entire population of the Special Project clients had a "poor job history" (p. '58)." In comparison, "poor job histories . . . were found in 35.6% of the files studies" (in the control group)(p. 67)." There is obviously a bias here in favor of the control group. That is, the control group Ss would appear to not be as poor employment risks as the Ss in the experimental group. However, Kupfer et al (1970) note that the experimental group was highly employment oriented and this would probably account for more thorough information in this area in the experimental group files. However, it still remains a possibility that the experimental group had Ss who were

TABLE 2+

SUMMARY OF GENERAL CHARACTERISTICS PRESENTED BY THE
EXPERIMENTAL AND CONTROL GROUP Ss*

EXPERIMENTAL GROUP			CONTROL GROUP	
	Mean	Range	Mean	Range
Age	32	18-49 yrs	32	18-52 yrs
Education	8	3-12+	9	4-12+
Family Size	5.6	1-13	4.6	1-12
No. of Children	3.6	0-11	2.6	0-10

+ Adapted from Kupfer et al (1970)

*Of the Experimental Group, (N=96) 81 Ss were born in Canada. In the Control Group, (N=100) 81 Ss were born in Canada. Kupfer et al (1970) points out that this finding suggests that the CWD individual does not necessarily fit the stereotype of being a nationality other than Canadian.

poorer employment risks than the Ss in the control group. This represents a possible source of bias in favor of the control group as far as employment placement and stability is concerned.

Multi-Problem Characteristics

Kupfer et al (1970) have also reported, by percentages, the incidence of problems demonstrated by the experimental group and the control group Ss. Table 3 presents the type of problems these Ss presented.

Personality Characteristics

Kupfer et al (1970) further report that personality characteristics as shown by the 16 PF were, as group averages, similar in the control and experimental groups. Using the pattern similarity coefficient, r_p , (Cattell and Eber, 1964) a value of $r_p = +0.91$ between averaged group profiles was calculated for the initial testing (prior to Ss being assigned to the experimental or control group conditions).

Instruments

The instrument used in this study will be the IPAT 16 PF, or, the 16 Personality Factor Questionnaire. Since the testing apparatus for this study consists solely of one psychometric instrument, the following general description, taken from Cattell and Eber (1964), is provided to familiarize the reader with the 16 PF:

TABLE 3⁺
PROBLEMS PRESENTED BY STUDY Ss

PROBLEM	PROJECT GROUP	CONTROL GROUP
Marital Difficulties	65.3	49.3
Severe Indebtedness	48.9	50.6
Unemployment	91.8	98.6
Insufficient Income	88.7	98.6
Poor Job History	70.4	* 35.6
Misuse of Alcohol	35.7	27.3
Health	32.6	* 17.8
Legal	27.5	30.1
Inadequate Housing	26.5	* 8.2
Children	26.5	17.8
Homemaking	17.3	* 1.3
Drugs	7.1	* 0.0

+ Adapted from Kupfer et al (1970)

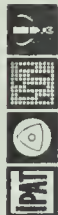
* These comparisons, at face value, would suggest that the Control Group did not present, by frequency, as many problems as the experimental group. This would imply some attenuation interpretation of the outcome statistics. However, since these figures were taken from existing file data, and considering the more thorough reporting of the Experimental Group condition, these discrepancies are suggested by Kupfer et al (1970) as being a bias of the reporting counselor. Therefore, this table should only be interpreted as a gross illustration of the multi-problem character in experimental and control subjects.

(The 16 PF measures) planfully and precisely all the main dimensions along which people can differ, according to basic factor analytic research . . . the sixteen dimensions used are based on considerable research directed to locating unitary, independent, and practically important "source traits," i.e., traits affecting much of the overt personality . . . Some of the finest factor analytic research has been devoted to its construction. A whole series of research publications testify to a very broad sampling of the area of personality responses; the achievement of a true simple structure solution, revealing functionally unitary traits, thrice checked by independent experiment; a repeated intensification of item loadings; a standardization on a proper variety of groups, and a systematic accumulation of relations of important criteria (pp. 1-2).

The reader will find more thorough descriptions and many esoteric considerations in the Handbook for the 16 PF (Cattell, Eber, and Tatsuoka, 1970). Table 4 presents a summary description of the dimensions (primary) of the 16 PF.

Dependent Variables

In respect to outcome indices (the dependent variables), three measures will be used. The first and primary measure will be the number of months, measured to the nearest week, that the experimental or control S has been employed and/or engaged in educational, vocational, or trades training during the eight month follow-up period commencing from the date of termination of the RMFE project. The second measure will be the total amount of money the subject has received from social assistance during the follow-up period. The third measure will be the actual number of months the S was in receipt of social assistance for this defined period.



16 PF TEST PROFILE

FACTOR	Raw Score			Standard Score	LOW SCORE DESCRIPTION	STANDARD TEN SCORE (STEN)										HIGH SCORE DESCRIPTION
	Form A	Form B	Total			1	2	3	4	5	6	7	8	9	10	
A					RESERVED, DETACHED, CRITICAL, ALOOF (Slothymia)	1	2	3	4	5	6	7	8	9	10	OUTGOING, WARMHEARTED, EASY-GOING, PARTICIPATING (Affectothymia, formerly cyclothymia)
B					LESS INTELLIGENT, CONCRETE-THINKING (Lower scholastic mental capacity)					B						MORE INTELLIGENT, ABSTRACT-THINKING, BRIGHT (Higher scholastic mental capacity)
C					AFFECTED BY FEELINGS, EMOTIONALLY LESS STABLE, EASILY UPSET (Lower ego strength)					C						EMOTIONALLY STABLE, FACES REALITY, CALM, MATURE (Higher ego strength)
E					HUMBLE, MILD, ACCOMMODATING, CONFORMING (Submissiveness)					E						ASSERTIVE, AGGRESSIVE, STUBBORN, COMPETITIVE (Dominance)
F					SOBER, PRUDENT, SERIOUS, TACITURN (Desurgency)					F						HAPPY-GO-LUCKY, IMPULSIVELY LIVELY, GAY, ENTHUSIASTIC (Surgency)
G					EXPEDIENT, DISREGARDS RULES, FEELS FEW OBLIGATIONS (Weaker superego strength)					G						CONSCIENTIOUS, PERSEVERING, STABLE, MORALISTIC (Stronger superego strength)
H					SHY, RESTRAINED, TIMID, THREAT-SENSITIVE (Threctia)					H						VENTURESOME, SOCIALLY BOLD, UNINHIBITED, SPONTANEOUS (Parrhia)
I					TOUGH-MINDED, SELF-RELIANT, REALISTIC, NO-ONSENSE (Harrtia)					I						TENDER-MINDED, CLINGING, OVER-PROTECTED, SENSITIVE (Premsia)
L					TRUSTING, ADAPTABLE, FREE OF JEALOUSY, EASY TO GET ALONG WITH (Alaxia)					L						SUSPICIOUS, SELF-DPINIONATED, HARD TO FOOL (Protenstion)
M					PRACTICAL, CAREFUL, CONVENTIONAL, REGULATED BY EXTERNAL REALITIES, PROPER (Proxemia)					M						IMAGINATIVE, WRAPPED UP IN INNER URGENCIES, CARELESS OF PRACTICAL MATTERS, BOHEMIAN (Autia)
N					FORTHRIGHT, NATURAL, ARTLESS, UNPRETENTIDUS (Artlessness)					N						SHREW, CALCULATING, WORLDLY, PENETRATING (Shrewdness)
O					SELF-ASSURED, CONFIDENT, SERENE (Untroubled adequacy)					O						APPREHENSIVE, SELF-REPROACHING, WORRYING, TROUBLED (Guilt proneness)
Q ₁					CONSERVATIVE, RESPECTING ESTABLISHED IDEAS, TOLERANT OF TRADITIONAL DIFFICULTIES (Conservatism)					Q ₁						EXPERIMENTING, LIBERAL ANALYTICAL, FREE-THINKING (Radicalism)
Q ₂					GROUP-DEPENDENT, A "JOINER" AND SOUND FOLLOWER (Group adherence)					Q ₂						SELF-SUFFICIENT, PREFERS OWN DECISIONS, RESOURCEFUL (Self-sufficiency)
Q ₃					UNDISCIPLINED SELF-CONFLICT, FOLLOWS OWN URGES, CARELESS OF PROTOCOL (Low integration)					Q ₃						CONTROLLED, SOCIALLY PRECISE, FOLLOWING SELF-IMAGE (High self-concept control)
Q ₄					RELAXED, TRANQUIL, UNFRASTRATED (Low ergic tension)					Q ₄						TENSE, FRUSTRATED, DRIVEN, OVERWROUGHT (High ergic tension)

16 PF, Forms A and B, Copyright © 1956, 1957, 1961, 1962, 1967, Institute for Personality and Ability Testing, 1602-04 Coronado Drive, Champaign, Illinois, U.S.A. All property rights reserved. Printed in U.S.A.

Name: _____
Comments: _____

A sten of 10 is obtained by about 2.3% of adults

16 PF-ABp-8A

TABLE 4

SUMMARY DESCRIPTION OF THE 16 PF DIMENSIONS

Number of Months Subjects are Employed. Chapter III presented the main criteria for the RMFE project. The primary criterion was that the RMFE project, as compared to the conventional welfare procedures, be able to place social welfare clients into employment and that this employment placement be of a stable nature. Therefore to demonstrate the superiority of the RMFE project services in respect to this criterion, this outcome measure between groups will be used. The measure calls for all Ss, in both groups, to be evaluated for a defined eight month follow-up period in respect to the number of months in actual employment, educational, vocational, or trades training. Measurement will be accurate to the nearest week.

Total Amount of Welfare Monies Received by Subjects. Chapter III also reported that a secondary criterion of the RMFE project was to demonstrate, in comparison to the control group, that employment placement and job tenure would result in a reduction of individual financial dependency on social welfare. Therefore the total amount of social assistance received by Ss for an eight month follow-up period is considered a relevant and valid measure of this variable. Measurement will be from verified departmental accounting records and computed in dollars and cents.

Months the Subjects are in Receipt of Social Assistance.

Finally it will be recalled that Chapter III pointed out that a criterion of the RMFE project was to demonstrate that employment placement and job tenure would result in a reduction

of individual dependency on social welfare. Although total amount of welfare monies received by Ss would appear to be a measure of this variable, it should not be overlooked that welfare assistance pays for many benefits besides basic living expenses. It is conceivable, for example, that a family could incur a very large monthly dental, special clothing, etc. expense. Thus, total amount of monies received would be large, but the actual time dependent on social assistance could be small. Therefore the actual number of months Ss are in receipt of social assistance, for the eight month follow-up period, is considered by the author to be an adequate and valid measure of degree of dependency on social assistance agencies. Measurement will be from verified departmental accounting records since entries are by month for the total amount of monies received for a given month.

Success

As stated previously, a secondary purpose of this thesis will be to identify variables that are potentially related to the CWD problem. To accomplish this, these variables must be related to differential degrees of "success" by the Ss within and between groups. However, an operational definition of success is required to assign Ss to outcome categories. For the purpose of this thesis outcome success will be defined operationally as six or more months employed or engaged in educational, vocational, or trades training during the eight month follow-up period of this study. Not successful will be defined operationally as less than six months at employment or educational, vocational, or trades training.

This definition of success seemed most appropriate since a natural division seemed to appear at six months. That is, only 3 Ss, in both the experimental and control groups, could be found with performance statistics between 5 and six months.

The following discussion will present the variables selected for evaluation in respect to their relation to the CWD problem. A short rationale will be provided to acquaint the reader with the reasons for including each variable in the present study.

Education Level of Subjects at the Time of Group Assignment.

Educational achievement is often considered one's passport to the labor market. Walker (1965) reported on a study involving the rehabilitation of the hard-core unemployed. Although he felt schooling was not a substantial problem, the average number of years of education was 9.5 years and sixty-five percent of their study group were in the unskilled, semi-skilled and service occupations (compared to 27% in an employed Minnesota population). Haythorne (1967) in a study of the characteristics of the chronically unemployed in the Edmonton, Alberta area found that the average number of years of schooling was 8.2. As with Walker, Haythorne found that the occupational level of the Ss was below the labor force of Edmonton as a whole. It would seem possible, therefore, that educational achievement is potentially related to successful and stable employment placement, and therefore seems valid as a variable to be evaluated in respect to success outcomes.

Age at the Time of Subjects Assignment to Group Condition.

Age, like educational level, is assumed to have a direct relation to one's "employability." It is often stated that the young competitor on the labor market has an advantage over the older applicant worker. This variable, then, could conceivably be related to success outcomes. Walker (1965) noted, however, that age was not related to a successful employment outcome for those Ss that completed their program. The relation of this variable to successful employment placement has not yet been established, in regard to rehabilitation programs involving the CWD individual.

Duration of a Subject's Marriage. Although one of the selection criteria for the RMFE project was that the S be able to demonstrate the existence of a present marriage with the family together (or a stable common-law relationship), this variable has not really been established in respect to its relationship with the CWD problem. Geismar and Ayres (1959) found in their study group that in 44% of the cases, fathers were absent from the home; divorces were evident in 43% of the cases, and when a follow-up analysis was done, 57% of the fathers were out of the home. Walker (1965) found in his study group that 45% of the Ss were married with divorce being twice the national average. Pearce (1967b) in a study in California involving CWD individuals and a rehabilitation-educational program found that divorced or separated Ss were more likely to go off the welfare rolls after completion of training. Consequently, although instability of the marriage situation appears to be related to the

CWD problem, at least one study (Pearce, 1967b) suggests that family instability may not necessarily be a variable contributing to chronic welfare dependency.

Number of Children in the Family Unit. Haythorne (1967) found that the CWD family unit was large (average of 5 dependents). It has been suggested that larger family units make it difficult for the marginally educated individual to provide adequate financial support. Thus, this family unit may find it necessary to rely on welfare assistance. Pearce (1967b) in his study found that the family with two or less children had a greater probability of success (removal from the welfare rolls) than a family with more than two children. It is clear that this variable would appear to be related to welfare status, and therefore potentially to the CWD problem.

Time Elapsed From First Welfare Application to the Time of the Subject's Referral to the RMFE Project. This variable relates the time that has elapsed from the first contact with welfare to the time of the S's experimental-control group assignment. Since chronic welfare dependency was a selection criterion, and thus assumed, this variable is conceived of as a gross definition of "welfare experience." Geismar and Ayres (1959) reported, from their family centered project (FCP) that with their multi-problem families the average family had its first registration with welfare some 14 years before being screened into the FCP. Pearce (1967b) noted that it would appear that the longer a recipient has been associated with welfare the greater the

probability is that he will remain on welfare after being trained. In terms of total months, those who had been associated with welfare for 24 months or more tended to remain on welfare after training. Lohr (1966) suggested in an article that:

One can say that public assistance often becomes necessary for an individual as a result of some physically, emotionally, or psychologically based pathological condition. On the other hand, one can say that public assistance often perpetrates the very pathologies that made its recourse necessary and often fosters new pathologies out of the individual's experience as a recipient of assistance (p. 33).

Cumming (1967) reported on an early referral project (ER) in California. The purpose of the project was to develop and demonstrate procedures for the early identification and prompt and orderly referral of potentially employable, disabled, public assistance recipients to the Division of Vocational Rehabilitation. Underlying the attempt at early referral was a desire to interrupt the establishment of a dependency pattern at the earliest point possible. It was contended that the pattern of economic dependency became more firmly established and difficult to change with the passing of time. Wilson (1967) reports from a two year controlled study a 'critical time period' hypothesis; that is, a critical time period may exist when a family either returns to or achieves independence from public assistance (self-support), or becomes dependent on public assistance. Wilson states that: "It is during this period . . . that intensive casework can pay off in terms of total rehabilitation (p. 305)." Finally Kupfer et al (1970) have suggested that as the number of social assistance contacts increases, the duration of time the S or family stays on

social assistance also increases. Figure 1 illustrates this relationship as reported by Kupfer et al.

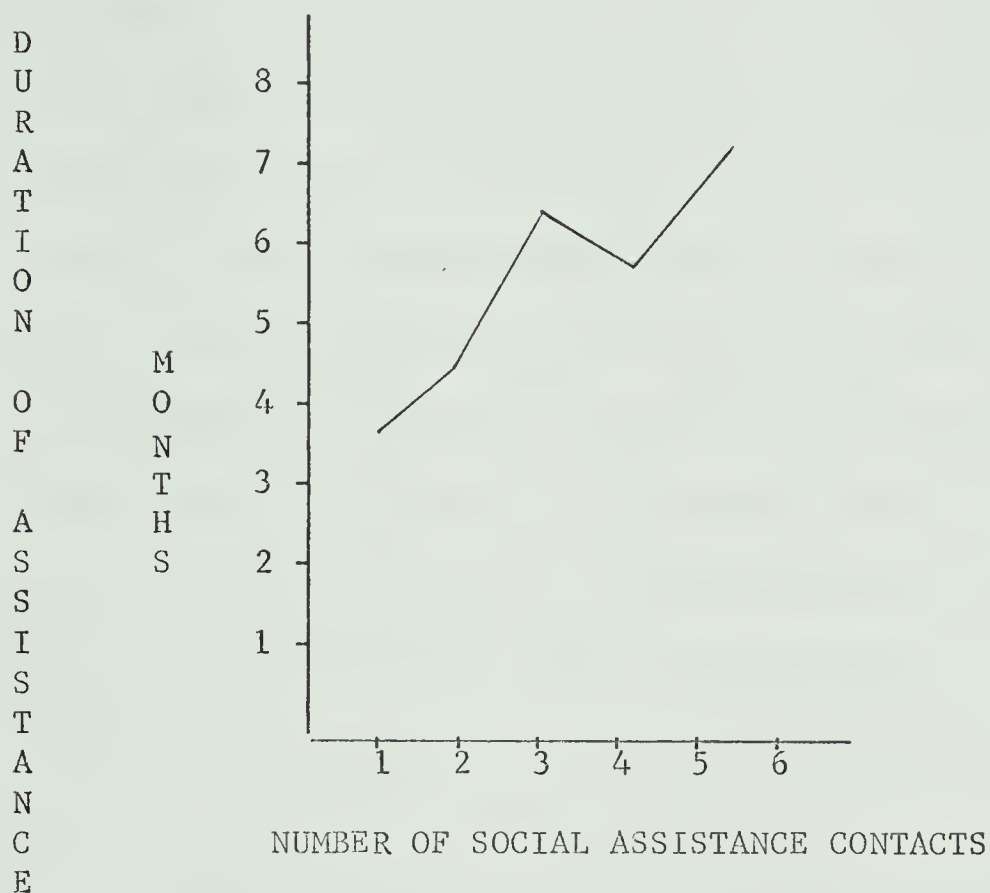
The variable 'time on assistance', then, would appear to be potentially important in the "success"-chronic welfare dependency relationship. Therefore, this variable has been included for evaluation in this study.

Age at the Time of First Welfare Application. Geismar and Ayres (1959) reported that in respect to their multi-problem family sample, 80% of all those 21 years and over had records of registrations with welfare agencies. Thus, it would appear that reliance on social assistance may begin at an early age. As such 'age at the time of first welfare application' may be related to CWD and "success" in a rehabilitation program. This variable has been included in this thesis for evaluation.

Time on Treatment Condition. Due to circumstances beyond control, the RMFE project found it impossible to begin with a large sample of Ss and randomly assign all these Ss to either an experimental or control group condition. Subjects were referred to the RMFE project over the two year demonstration (treatment) period. Therefore the length of time any given S actually was assigned to the experimental or control group conditions was highly variable. File analysis reveals that 'time on treatment condition' ranged from six to 22 months. It is reasonable to assume, therefore, that Ss having longer experimental treatment conditions might be more "successful" than Ss having shorter experimental treatment conditions. Consequently this variable will

TIME SPENT ON SOCIAL ASSISTANCE AS A FUNCTION OF THE
NUMBER OF REGISTRATIONS FOR SOCIAL ASSISTANCE

FIGURE 1*



* From Kupfer et al (1970), page 59. The survey included sixty-three experimental and control group cases where records were sufficiently complete to allow tabulation of data. As the number of registrations for social assistance increases, the duration (time in receipt of assistance) also tends to increase.

be related to "success" outcomes.

Welfare Dependency. Although Ss referred to the RMFE project were to be considered chronically dependent on welfare, or have the potential to be so, such a description can only be considered a nominal designation and, hence, nominal data. Individuals categorized as CWD would vary considerably on behavioral measures, and thus it is suggested for this thesis that two behavioral measures be used to define CWD. The measures will be operationally defined, for an eight month period prior to assignment to treatment conditions, (1) the total amount of welfare monies (measured in dollars and cents) received by the S, and (2) the total amount of time (measured in months) the S is in receipt of welfare monies. These measures are equivalent to the monetary and time in receipt of money variables to be used for two of the three outcome measures.

Psychometric Dimensions. The City of Edmonton Social Service Department has sought to adopt a psychometric instrument as a "screening" device to be used with CWD individuals. Ideally certain personality dimensions would be related to "success" outcomes and certain personality dimensions would relate to "failure" outcomes. If such a relationship could be established, then the psychometric instrument might be helpful in selecting those CWD individuals who could best profit from intensive counseling and agency services. Since the 16 PF was used with all Ss referred to the RMFE project, the results of the initial testings will be related to "success" outcomes to determine if specific personality

dimensions, as measured by the 16 PF, are related to "success" and certain specific personality dimensions are related to "not successful" outcomes. Significantly related dimensions will be discussed.

Procedure

Subjects rated as hard-core unemployed, employable welfare recipients (according to previously defined criteria) by caseworkers at the City of Edmonton Social Service Department and the three regional offices of the Provincial Department of Social Development, Edmonton, were referred to the research component of the RMFE project. Prior to referral, all Ss completed the 16 PF. Only the names of the S and the 16 PF answer sheet were sent to the project research assistant. Subjects were then randomly assigned to one of two groups, the experimental group (RMFE project or project group, PG) and the control group (conventional welfare services or comparison group, CG). The PG Ss received the multi-disciplinary services of the RMFE project. The CG Ss received conventional welfare services from their referring agency and worker, and had no personal contact with the staff or services of the RMFE project.

Subjects assigned to the PG condition were randomly assigned to one of four counselors. All PG Ss had the opportunity to use at least 14 primary services (see Table 1) prior to developing their rehabilitation plan, and subsequent to their employment or retraining-educational placement.

The PG counselors received supervision on an intensive basis from the project director, an MSW in psychiatric social work with previous director experience and internship training. The CG counselors continued with their cases without direction or contact from the PG staff.

At the termination of the experimental period (two years) and project services, PG files and/or clients were referred back to their original referring agency. The eight month follow-up period, as part of this thesis, commenced from the project termination date. Outcome and demographic variables were tabulated for both the PG and CG Ss from case and research files at the end of the follow-up period. The two groups were compared on the primary measures. According to the previously stated operational definition of success, PG and CG Ss, by group, were assigned to a successful or not successful category.

Data Analysis

The Outcome Measures. The three primary outcome measures previously discussed were evaluated, between PG and CG conditions, by a one-way ANOVA (Ferguson, 1966). The acceptable level of significance was set at the .05 level.

Success Related Variables. The variables to be related to differential degrees of success, between and within groups, were evaluated by a two-way ANOVA (Winer, 1962). The .05 level of significance was accepted for SSA and SSB. The .10 level of significance was accepted for the interaction, SSAB, variable. In

both cases a comparison of means two at a time was done by the Scheffe method (Ferguson, 1966; p. 295). Following Scheffe's recommendation, in relation to the fact that the Scheffe method is more rigorous than other multiple comparison methods with regard to Type I error, the .10 level of significance was adopted for a comparison of means two at a time.

In performing the analysis of data, the reader will note the N will vary for the experimental and control group Ss according to the variable being analyzed. This was due to the fact that by January, 1971 (the end of the follow-up period) some client files in both the control and the experimental groups were incomplete in respect to the variable(s) under evaluation, or were unavailable, or reported conflicting statistics in respect to the relevant variable(s). Every effort was made to collect accurate data, and when this was impossible or in question, the data for that S was not included in the final tabulation.

The computer program selected for data analysis, ANOVA 22 (with DATRAN), took unequal N's into consideration when calculations were determined. In addition the author provided a check on computer-reported results by re-running the data and comparing the reported statistics for both computer print-outs.

CHAPTER V

HYPOTHESES

The intention of the present chapter is to make explicit some of the hypotheses which have been suggested in the preceeding sections. These hypotheses are grouped on the basis of the specific relationships being investigated. The first three hypotheses are central to the primary purpose of the study; to demonstrate that the experimental group condition is superior to the control group condition in effecting, for its Ss, stable employment placement (or educational, vocational, and/or trades training), a reduction in individual dependency on social assistance agencies, and a reduction in individual financial dependency on social assistance agencies.

- (1) The experimental group, in comparison with the control group, will demonstrate a statistically significant degree of stable employment placement for its Ss over the 8 month follow-up period.
- (2) The experimental group, in comparison with the control group, will demonstrate a statistically significant degree of reduced individual dependency on social assistance agencies over the 8 month follow-up period.
- (3) The experimental group, in comparison with the control group, will demonstrate a statistically significant reduction in individual financial dependency on social assistance agencies over the 8 month follow-up period.

As discussed previously, this thesis must largely be conceived of as an exploratory study. In respect to the success-related variables, the research literature does not provide adequate theory or research evidence to warrant making directional hypotheses. The variables will be explored within the framework of the null hypothesis. The following hypotheses represent these exploratory research statements.

- (4) There will be no statistically significant personality differences, as measured by the 16 PF, between and within groups on the successful-not successful categorization.
- (5) There will be no statistically significant educational achievement differences between and within groups on the successful-not successful categorization.
- (6) There will be no statistically significant age differences between and within groups on the successful-not successful categorization.
- (7) There will be no statistically significant differences in duration of marriage between and within groups on the successful-not successful categorization.
- (8) There will be no statistically significant differences in the number of children present in a family unit between and within groups on the successful-not successful categorization.

- (9) There will be no statistically significant differences in "welfare experience" between and within groups on the successful-not successful categorization.
- (10) There will be no statistically significant differences in age at the time of first welfare application between and within groups on the successful-not successful categorization.
- (11) There will be no statistically significant differences in the time on treatment condition variable between and within groups on the successful-not successful categorization.
- (12) There will be no statistically significant differences in the total amount of welfare monies received pre-treatment between and within groups on the successful-not successful categorization.
- (13) There will be no statistically significant differences in the time in receipt of welfare monies pre-treatment between and within groups on the successful-not successful categorization.

CHAPTER VI

RESULTS

The results are presented in sections which correspond with the divisions in which the hypotheses were organized. As discussed previously, there are the primary hypotheses and the hypotheses which represent exploratory research statements (secondary hypotheses).

Evaluation of Outcome (Follow-up) Measures

The hypotheses in the first section were designed specifically to establish the superiority of the experimental group condition, in comparison with the control group condition, in effecting stable employment placement (or educational, vocational, and/or trades training), a reduction in individual dependency on social agencies, and a reduction in individual financial dependency on social agencies. As shown in Table 5, the first of the three hypotheses was clearly confirmed. As predicted, stable employment placement was shown to be significantly related to the experimental group condition.

Hypothesis 2 (Table 6) predicted that experimental group Ss would be in receipt of social assistance for a significantly lesser period of time during the follow-up phase than control group Ss, was not confirmed. In fact the means did not tend to be ordered in the predicted direction but were ordered in the opposite direction and this ordering was statistically significant. The

TABLE 5

A ONE-WAY ANOVA COMPARISON OF THE PG
AND CG CONDITIONS: HYPOTHESIS NO. 1.*

Experimental (PG) Group (N=68)	Control (CG) Group (N=55)
$\bar{X} = 4.77$	$\bar{X} = 3.48$

* p < .025. PG Ss demonstrated statistically significant employment, educational, and/or vocational trades training stability, when compared with CG Ss, during the follow-up period.

TABLE 6

A ONE-WAY ANOVA COMPARISON OF THE PG AND CG CONDITIONS:
HYPOTHESIS 2*

Experimental (PG). Group (N = 48)	Control (CG Group (N = 30)
$\bar{X} = 5.52$	$\bar{X} = 3.31$

* $p < .05$. The results for this analysis were statistically significant, but in the direction opposite that stated in the hypothesis. The PG Ss were registered for social assistance for a significantly greater period of time than CG Ss during the follow-up period.

experimental Ss, in summary, received assistance for a greater period of time than the control Ss during the follow-up period.

Hypothesis 3 predicted that the experimental group, in comparison with the control group, would demonstrate during the follow-up period a statistically significant reduction in financial dependency on social agencies. As shown in Table 7 the hypothesis was not confirmed. In fact the means did not tend to be ordered in the predicted direction but were ordered in the opposite direction and this ordering was statistically significant. That is, the experimental group received a significantly greater amount of financial assistance than the control group during the follow-up period.

Evaluation of Categories of Outcome "Success"

The primary intent of this group of hypotheses was to investigate differences between successful and not successful Ss, between and within groups, in relation to specified variables that may be related to the CWD problem. The null hypothesis was accepted for hypotheses 4, 5, 6, 7, 8, 10, 11, and rejected for hypotheses 9, 12, and thirteen.

Therefore, in summary, there were no statistically significant differences between and within groups, according to the successful-not successful categorization, on the following variables: psychometric personality dimensions (initial testing), educational achievement level, age, duration or length of marriage, number of children in the family unit, age at the time of the S's first welfare registration, and the length of time on experimental

TABLE 7

A ONE-WAY ANOVA COMPARISON OF THE PG AND CG CONDITIONS:
HYPOTHESIS NO. 3*

Experimental (PG) Group (N = 48)	Control (CG) Group (N = 35)
$\bar{X} = \$1,461.60$	$\bar{X} = \$679.88$

* $p < .01$. The results for this analysis were statistically significant, but in the direction opposite that stated in the hypothesis. The PG Ss received a significantly greater amount of social assistance than CG Ss during the follow-up period.

or control group condition. Therefore it may be concluded that Ss in either group were as likely to be "successful" or "not successful" regardless of their status in relation to their measurement on these variables. In short, these variables are not, according to the design of the present study and measurement criteria, significantly related to success outcomes as operationalized through a performance (employment) measure.

However, the null hypothesis was rejected in the cases of hypotheses 9, 12, and thirteen. This would suggest that success outcomes, as measured by this study, are possibly related to the time differential from a S's first welfare application to the time he was referred to the RMFE project (or, "welfare experience"), the total amount of welfare monies received by a S on a pre-treatment measure, and time a S has been in receipt of welfare monies on a pre-treatment measure.

Hypothesis 9 postulated that there would be no statistically significant differences in "welfare experience" between and within groups on the successful-not successful categorization. Table 8 shows that for the experimental group, the length of time a S had been associated with welfare was significantly related to a "success" outcome. Successful Ss in the experimental group had been associated with welfare for a significantly shorter period of time than unsuccessful experimental group Ss. This relationship did not appear with control group Ss.

Hypothesis 12 affirmed that there would be no statistically significant differences in the total amount of welfare monies

TABLE 8

A TWO-WAY ANOVA COMPARISON OF THE PG AND CG CONDITIONS
 ACCORDING TO A SUCCESSFUL (S) - NOT SUCCESSFUL (NS)
 CLASSIFICATION: HYPOTHESIS NO. 9*

PG S	PG NS	CG S	CG NS
X = 37.42 A	X = 57.13 B	X = 48.26 AB	X = 48.37 BC

*Any two means containing a common subscript are
 not significantly different at the $p < .10$ level.

received pre treatment between and within groups on the successful-not successful categorization. Table 9 shows that there were statistically significant differences on this variable between and within groups. Successful Ss in both groups received a significantly lesser amount of money on a pre-treatment measure than did unsuccessful Ss, within groups comparison only. However, successful experimental Ss received a significantly greater amount of money than did successful control group Ss. Furthermore, unsuccessful experimental group Ss received a significantly greater amount of money than did unsuccessful control group Ss. Finally, the amount of money received by successful experimental group Ss exceeded the amount of money received by unsuccessful control group Ss (although this difference was not statistically significant).

Hypothesis 13 stated that there would be no statistically significant differences in the time in receipt of welfare monies pre-treatment between and within groups on the successful-not successful categorization. Table 10 shows that there were statistically significant differences between and within groups. Successful experimental Ss were in receipt of social assistance monies, pre-treatment, for a significantly shorter period of time than unsuccessful experimental Ss. Further, control group Ss were in receipt of welfare monies, pre-treatment, for a significantly shorter period of time than were successful experimental group Ss, although this was only true for the successful control group Ss in regard to statistical significance.

TABLE 9

A TWO WAY ANOVA COMPARISON OF THE PG AND CG CONDITIONS
 ACCORDING TO A SUCCESSFUL (S) - NOT SUCCESSFUL (NS)
 CLASSIFICATION: HYPOTHESIS NO. 12*

PG S	PG NS	CG S	CG NS
$\bar{X} = \$927.05$ A	$\bar{X} = \$1422.00$ B	$\bar{X} = \$367.83$ CD	$\bar{X} = \$905.83$ AE

* Any two means containing a common subscript are not significantly different at the $p < .10$ level.

TABLE 10

A TWO-WAY ANOVA COMPARISON OF THE PG AND CG CONDITIONS
 ACCORDING TO A SUCCESSFUL (S) - NOT SUCCESSFUL (NS)
 CLASSIFICATION: HYPOTHESIS NO. 13*

PG S	PG NS	CG S	CG NS
$\bar{X} = 4.45$ A	$\bar{X} = 5.83$ B	$\bar{X} = 3.09$ BC	$\bar{X} = 4.12$ AB

* Any two means containing a common subscript are not significantly different at the $p < .10$ level.

CHAPTER VII

DISCUSSION AND IMPLICATIONS

The primary purpose of the present study has been stated as an attempt to demonstrate the superiority of an experimental group (RMFE project services) condition as compared to a control group condition (conventional welfare services) on 3 primary outcome criterion measures. The experimental group condition involved a multi-disciplinary team and used a reality therapy approach to services with an intensive application of services philosophy. The experimental phase was two years in length, and in general the study can be conceived of as a multi-variate field study, using an experimental and control group design, with an exploratory research focus. Subjects were referred hard-core, chronically dependent welfare recipients. As previously stated, the literature is conflicting in terms of "success" results in respect to treatment outcomes. Some studies report success outcomes, but studies with control group comparisons and/or follow-up analysis have generally been less enthusiastic about success outcomes. Decore et al (1970) have demonstrated the highly tentative nature of reported success rates that are not based on a follow-up design. The RMFE project final report (Kupfer et al, 1970) was based on descriptive outcome measures at the end of the treatment phase. Their conclusions were:

Career-oriented counseling does result in longer job duration and fewer changes in employment for clients. Such stability,

while needing greater initial investment in time, energy and funds, results in long-term benefits. The initial investment seems worthwhile and necessary (p. 125).

The present author contends that this thesis, and its specific research design, based on a follow-up evaluation of performance (behavioral) criteria, does not lend credance to the above statement. It is true that the experimental group condition was significantly related to employment placement and job stability when compared to the control group condition. However, the analysis further shows that a single outcome measure may be grossly misleading. If "long-term benefits" refer, in part, to financial savings (see Chapter III), then the evidence from this thesis would suggest that at the present time (post treatment analysis) successful and/or unsuccessful experimental group Ss are receiving more welfare administered monies than are successful and/or unsuccessful control group Ss. In addition, this receipt of welfare monies is not due to emergency or some other short-term requirement since the successful and/or unsuccessful experimental group Ss are in receipt of welfare monies longer than successful and/or unsuccessful control group Ss. In short, at the time of follow-up analysis for this thesis it can be said that (1) it cost a considerable amount of money to administer the RMFE project and demonstrate successful employment placement and stability for its Ss, and (2) it appears to continue to cost a significant amount of welfare monies to maintain and/or support experimental group Ss in their employment, educational, vocational, or trades training placements. Whether or not these placements will ultimately result

in a significant savings in welfare dollars remains to be assessed. This outcome measure cannot even be grossly evaluated at the present time.

Table 11 presents an analysis of Ss for the experimental and control group conditions as of December 29, 1969. At this time subject referrals were no longer accepted by the RMFE project. A review of the activities of the clients, unfortunately for the experimental group Ss only, as of January 13, 1971 (and based on the records of the City of Edmonton Social Service Department researcher) reveals that 12 of the Ss are in educational upgrading, and due to an inability to obtain funding elsewhere, the costs for this upgrading are being administered via welfare assistance. In addition 11 of the Ss are working but due to financial requirements, monetary supplementation is being administered. Table 12 presents the status of the Ss in the experimental group condition as of January 13, 1971. The result is that it simply is too early to assess financial criteria of "success". Many of the experimental group Ss have long-term achievement goals, and so the postulated financial gains of this type of treatment cannot be presently assessed. As previously suggested, it can be stated that a longer evaluation period will be required if economic benefits of the experimental treatment procedures are to be accurately evaluated. In fact it can be easily recognized that an acceptable evaluation period would require a follow-up period longer by 8 months or more than the period of re-education and/or other training.

TABLE 11

DISPOSITION OF EXPERIMENTAL GROUP Ss
AT POINT REFERRALS CEASED
(DECEMBER, 1969)

Total Referrals	184
Total Control Group	75
Total Experimental Referrals	109
Experimental Dropouts (Before Contact)	22
Experimental Dropouts (After Contact)	5
Rejected	3
Active Experimental Total	79

TABLE 12

DISPOSITION OF EXPERIMENTAL GROUP Ss
 AT THE TIME OF FOLLOW-UP EVALUATION
 (JANUARY, 1971)

Employed (No Welfare Services)	18*
Employed (Welfare Supplementation)	8**
Employed (Welfare Supplementation and Counseling)	3**
Education Placement (No Welfare Services)	1*
Education Placement (Welfare Supplementation)	12**
Unemployed and Not in Educational Placement (Remain CWD)	29
TOTAL	71 ⁺

* Strictly speaking, these Ss would clearly be "successes" (that is, actively involved in some endeavor and not relying on welfare monies). Success in this view would only be 26.8%. Further, of the 18 Ss in employed, no welfare services category, not all Ss would necessarily meet the "success" criteria set by this author.

** The long-term prognosis by Ss in this group cannot be objectively ascertained. It should be realized, however, that since these Ss are still receiving welfare monies, the dependency has not been overcome.

+ This figure takes into account the inability to obtain information on 8 Ss.

A note of caution is necessary at this point. Pearce (1967b) reporting on a training program in California concerned with welfare recipients suggested that those Ss who went off the welfare rolls (no longer were receiving welfare monies) during the training period (services were basically vocational training courses) were the most likely to remain off the welfare rolls after leaving training. The recipient who remains on welfare throughout the training process will usually stay on welfare after training. In addition, if the recipients welfare grant increases, the probability that he will remain on welfare after training will increase. As stated, 12 experimental group Ss were actively involved in educational training, and support for this training was administered via welfare monies or from other governmental assistance. Furthermore, the experimental group Ss, during treatment, were the recipients of larger social assistance budgets, on the average, than were Ss of the control group. This was due to the fact that items not normally covered by welfare assistance were provided for (e.g. insurance, transportation, entertainment, and special clothing). Although this was conceived of as providing incentive to become involved in employment-seeking behaviors, Pearce (1967b) suggests that this may not be a positive aspect of treatment. It can be argued that this type of monetary policy only increases, rather than decreases, welfare dependency. These variables (type of support or aid during treatment and specifics of budget administration) need to be evaluated much more thoroughly. At the present time there is no way of predicting

long-term financial outcomes on the basis of welfare-supported training for clients or the use of "incentive budgets." However, to extrapolate from work done with 'token reinforcement', Ayllon and Azrin (1968) would suggest that tokens must be made contingent upon defined performance behaviors if that token is to effectively shape or positively reinforce these performance behaviors. In the RMFE project incentive budgets were not necessarily contingent upon work behaviors. This was discussed, however. Unfortunately the present welfare system and legislation is predicated more on the "need" criterion than on an individual assessment of circumstances and reward for productive behaviors. Requests by the RMFE staff to effect a reinforcement model were most often turned down by senior administration officials (e.g. Public Welfare Commission Board). At the present time all that can be said about the results of the RMFE study is that at the time of follow-up analysis experimental group Ss were more successful in respect to the employment placement variable than control group Ss, but also the experimental group Ss are receiving more welfare monies than control group Ss. It is conceivable that the monetary practices of the RMFE project only tended to increase rather than decrease chronic welfare dependency.

Since the area of chronic welfare dependency is at present inadequately researched by experimental methods, the identification of variables which differentiate between successful and not successful group Ss is important to theory building and subsequent research.

The time a client has been involved with welfare experience seems related to success outcomes. Although there was little difference between successful and unsuccessful Ss in the control group, successful experimental group Ss had been involved with the welfare experience for a shorter period of time ($\bar{X} = 3.12$ years) than unsuccessful experimental group Ss ($\bar{X} = 4.76$ years). As suggested previously the welfare experience itself may have characteristics which foster dependency on welfare services. Kupfer et al (1970) suggested that with each welfare registration, the time spent on registration increases. Other authors have posited a 'critical time period' concept. MacLean (1968a) has suggested that individual variables may interact with the reinforcing contingencies of the welfare experience so that work and anxiety avoidant behaviors are conditioned and welfare-independent behaviors are punished. However, the present state of research is such that clear-cut relationships are not established. Much has been written regarding the effects of welfare on the individual, but these "effects" have not been specified by experimental investigation. The present data only suggests that a closer examination of the welfare experience per se must be done to ascertain agency contributions to CWD.

The present analysis suggests that there is a significant relationship between the amount of a S's welfare grant before treatment and his subsequent probability of going off of welfare registration as a result of treatment participation. It will be recalled that successful Ss in both groups received a significantly

lesser amount of money on a pre-treatment measure than did unsuccessful Ss in both groups. It was reasoned by the author, in view of his experience with CWD Ss and subsequent papers relating the reinforcement factors of the welfare experience to the CWD problem, that the more welfare monies functioned to remove the S from the behavioral tasks of providing the necessities of day to day living, with all the inherent stresses of such behavioral tasks, the greater would be the resistance of the S to remove himself from the welfare rolls, even with the provision of rehabilitative or supportive services. In short, the author argues for a conditioned avoidance response interpretation of CWD (as a general interpretation framework).

In a learning theory framework, money (or some token serving the function of money) has been shown to act as a generalized reinforcer. As Cofer and Appley (1967) state:

Generalized reinforcers are an important concept to the study of human behavior, which seems so often controlled by rewards, like money . . . (p. 515).

These authors further discuss a point of view whereby anxiety can be transferred to the topic of money, or more specifically, the absence of money. Getting money would reduce the conditioned anxiety and the behaviors which accomplished this obtaining of money would therefore be strongly reinforced. Thus the "motive" to obtain money (observed behavior) would actually be a behavioral habit associated with anxiety reduction. This type of dynamic may be at work with the CWD Ss referred to the RMFE project.

MacLean (1970d) showed that on the basis of initial computer-corrected 16 PF tests on 96 referred Ss to the RMFE project (from the Department of Social Development, Edmonton, and the City of Edmonton Social Service Department), 48.96% were identified as being neurotic and 48.96% were identified as experiencing above normal to extreme anxiety. As a check on this data, 60 Ss, from this group, were found to have completed the Neuroticism Scale Questionnaire (NSQ) (Scheier and Cattell, 1961) after completion of the initial 16 PF. Results from the NSQ confirmed the percentages previously quoted regarding 16 PF neuroticism and anxiety scores. For the NSQ results, 48.33% of the Ss were found to score as neurotic and 50.00% were found to score or report themselves as experiencing above normal to extreme anxiety.

Clinical experience suggested that many RMFE Ss had come from underprivileged family backgrounds and/or family backgrounds suggestive of marginal parent-child relationships. Some Ss were second generation welfare recipients. In addition, developmental history records indicated that the S subsequently "failed" at most of life's endeavors (education system, community activities, etc.). Finally, after marriage (which often was necessitated by pregnancy), marginal employment demanded long hours, hard work, and little advancement or other rewards or recognition. At the same time inflation, a growing family, larger debts, etc. made the S's earning power even more inadequate. This was coupled with a marriage relationship that produced increasing arguments and

financial disputes. Clients reported that this was a time period of family tension, schisms, and a general subjective feeling of "not being able to keep up." Eventually circumstances would result in the client being unemployed and, ultimately, finding himself on welfare. It should be clear that welfare status (which includes, generally speaking, food, clothing, rent, medical coverage, dental necessities, school book allowance for children, electricity, gas, and water expenses) removes the individual from the anxieties associated with having to meet the demands of providing a living for himself and family. In short, it is conceivable that welfare monies become associated with anxiety reduction, and the behaviors which accompany this welfare dependency would therefore be strongly reinforced. In return, behaviors that would culminate in the removal of the S from welfare dependency would be associated with anxiety induction. If this in fact were the case (and the author makes no assumption about having "proven" or even strongly demonstrated such a theoretical interpretation), then the appropriate remedial therapy would be the behavioral procedures employed in systematic desensitization (Wolpe, 1958; Wolpe and Lazarus, 1966; Wolpe, 1969) and operant conditioning paradigms (Ayllon and Azrin, 1968; Franks, 1969; Mehrabian, 1970; Meyer and Chesser, 1970; Tharp and Wetzel, 1969) and not the generally conceived therapeutic services subsumed under the nominal label, "intensive services." To reiterate, the author makes no assumption about having "proven" a behavioral

interpretation of CWD. However, some of the success-related findings are suggestive of such an interpretation, but primarily the author is attempting to provide an alternative or viable way of thinking about CWD. As stated previously, the purpose of investigating success-related variables was to provide or stimulate theory-building regarding CWD. The author suggests that perhaps a behavioral analysis may be appropriate in respect to the CWD problem.

It should be noted that this receipt of welfare monies pre-treatment was not due to a situation (short-term) demand for a large welfare grant. Hypothesis 13 tested for this possibility and demonstrated that successful experimental and control group Ss had been in receipt of welfare monies for a significantly lesser period of time than unsuccessful experimental and control group Ss. This measure and outcome, to review, suggests that the welfare experience per se may be contributing to the CWD problem. Perhaps the focus of research, therefore, should not solely be on the welfare client, but also on the agency variables. In a sense this suggestion is analogous to Carkhuff's (1966) observation that success outcomes should be viewed from the perspective of (a) client variables (b) therapist (or in this case, agency) variables, and (c) situational or contextual variables. Focus in the past has perhaps been too exclusively on the client variables only.

The acceptance of the null hypothesis, with respect to some variables, was not in verification of clinical observation made during the operational period of the RMFE project. Many of

the clients seemed to present overt symptoms of anxiety, and frequently these symptoms were accentuated (e.g. increased irritability, sleep disturbances, headaches, etc.) when the client was beginning the process of employment behaviors (e.g. selecting a particular vocation, job interviewing, or even the filling out of a job application form, etc.). Therefore, certain 16 PF measures were expected to be related to success outcomes (especially the second-order factors of neuroticism and anxiety). However, as hypothesis 4 confirmed, there were no statistically significant relationships.

A definite limitation in this respect was the use of initial or "pre-project" 16 PF tests in relation to success outcomes. If initial tests could differentiate between categories of Ss, then a "screening" tool would have been possible for wider application at the City of Edmonton Social Service Department. The data from this study suggests this type of testing procedure is not effective in identifying potentially successful clients from unsuccessful clients. However, recent preliminary analysis by the author appears to suggest that test results over time (an attempt was made to re-test at 6 month intervals the study Ss) are effective in differentiating eventual success outcomes. The stability and direction of a clients profile over time may prove to be an effective psychometric predictor of subsequent employment performance. Mr. George Diadio, researcher, City of Edmonton Social Service Department, is presently compiling data on this topic which will culminate in a M.A. thesis.

However, it is quite possible that using psychometric instruments as a tool to predict complex future behaviors, such as "successful" removal of a subject from chronic welfare dependency, is a fruitless area of research. Pitts (1971) has stated:

. . . achievement, personality, and interest tests, when used as the only source of data, leave much to be desired in predicting future behavior. The marvelous ability of the human organism to adapt in unpredictable ways to new situations is too often minimized by decision makers who rely upon a few tests to predict the future (p. 8).

Copeland, Kauppi, and Walker (1966) reported on a one-year controlled study, the purpose of which was, in part, to find out whether the Minnesota Multiphasic Personality Inventory (MMPI) could be used to predict employment outcome involving multiple disabled and disadvantaged ss. The authors conclude:

Several MMPI scales were found to be useful in predicting an employment outcome. . . . However, when these predictors were used in the cross-validation sample they did not hold up. . . . In summary, we concluded that the results, although promising in the pilot sample, were negative when subjected to cross-validation. Our employment outcome, as used in this unique sample, cannot be reliably predicted by MMPI test results, changes in MMPI scores, and a variety of demographic and other variables. . . . A variety of arguments could be raised by statisticians and experimental design specialists concerning the basic design, sampling procedures, and definition of the measures used. This writer's opinion takes a different direction. My own opinion is that this study failed to produce reliable results because none of the predictors are, in fact, directly related to going back to work. As most Vocational Counselors can testify, people do not fail to get jobs because employers can spot a deviant MMPI during the interview. On the other hand, they usually won't hire someone who whistles in an interview. The MMPI measure of this annoying trait does exist. Nor will people get jobs if they do not look for work. . . . These comments reflect a basic problem in successful prediction studies in the field of vocational rehabilitation. We do not have an

organized system of measuring those behaviors which are important in getting and keeping a job. Instead, we use a psychopathological or medical model, with a few demographic variables thrown in for ease of measurement; then with a weak set of outcome measures, we hope for good results (pp. 1-3).

Even though many clients had marginal levels of education, this variable was not significantly related to success outcomes. This finding is even more surprising in view of the fact that the follow-up period (May/70-December/70, inclusive) included, in part, a period of high national and regional unemployment with labor force cut-backs. Quite often the author has heard that this client or that client could not really be helped into employment because of his lack of formal education. The present analysis would not seem to support this type of statement. Walker (1966) has also stated that (within limitations) schooling or educational level was not considered to be a substantial problem to success outcomes with chronic welfare recipients. This may have implications for programs which conceive of the "cure" to CWD as the provision of training programs to upgrade a clients educational level. The RMFE project found that simply placing a client in employment or an educational program did not guarantee removal of that client from welfare. Generally speaking, the welfare dependency status of a client seemed to be correlated to many variables of a psycho-social nature. Simple solutions rarely produced significant results. Thus, it is perhaps not surprising that education level per se was not significantly related to success outcomes.

It was anticipated that older Ss would be difficult to place in employment in comparison to younger clients. Although this

was true in a few cases that the author can recall, the statistical analysis shows that, in general, age was not significantly related to success outcomes. In fact the author clearly recalls that a few clients in their early or pre-twenties were "impossible" to work effectively with. In retrospect the author can recall that he preferred working with clients over twenty-five years of age since "existential" or philosophical arguments rarely presented a barrier to formulating long-range employment plans or goals. However, the main point is that difficult counseling cases were encountered regardless of the age of the S. The statistical analysis confirms the clinical experience; the age variable was not statistically significant in respect to success outcomes.

In terms of applications, it is sometimes heard that older welfare clients are not very "marketable" and thus (in the authors opinion) these clients may receive less attention on a caseworkers caseload. The author once had a time analysis done for a particular month and, in general, the results showed that those clients making most progress were also the clients receiving the most counseling attention. If clinical introspecting has any value the author can say, with confidence, that those clients who received most attention and counseling time were also the clients about whom the author had a personal liking for. Likewise, those clients who received the least amount of attention and counseling time were also the clients about whom the author felt disapproval and disliking for. The counselor, as a person, has biases and it is conceivable that clients who satisfy these biases are

approached in a much more favorable perception than are those clients who violate or do not meet the biases. In respect to the RMFE project, the results suggest that particular age groups are probably no better "success" candidates than other age groups. The author postulates that perhaps when this kind of trend is observed, it may be the result of "therapist bias," that is, favored clients receive more attention and counseling services, and all things being equal, younger and more physically presentable clients are "nicer" to work with than older, physically unpresentable clients. The RMFE project staff were able to counteract this particular kind of therapist bias through occasional time analyses mentioned above, plus frequent (weekly) case review under supervision. However, other counseling settings may not have built-in safe-guards against this and other types of therapist bias. It is clear that this variable is in need of considerable more research and evaluation. The present study suggests that age is not significantly related to success outcomes. Yet the older welfare recipient is often neglected. The author can only speculate as to whether or not that class of biases termed therapist biases are associated with CWD. If such were the case, this variable would be part of the agencies contribution to the CWD problem.

Duration of marriage was not significantly related to success outcomes. Since welfare dependency embraces single transient males, single parent families, plus both young and older married couples, it is not surprising that this variable is not

significantly associated with the CWD problem. Its occurrence is likely to exist regardless of marriage status, or length of the marriage.

It has frequently been suggested that families with large numbers of children are representative of welfare families. However, the number of children in a family was not significantly related to success outcomes in this study. Because of the increased monetary demand placed on the head of large families, it might be reasonable to assume that this variable would be associated with long-term welfare status. The results would suggest that this is not necessarily the case, and large families per se are not a significant factor in CWD.

A significant finding is the acceptance of the null hypothesis in relation to the 'time spent on treatment' variable. A criticism of programs such as the RMFE project is the rehabilitative treatment takes too long to accomplish. The findings from this study demonstrate that the time a subject was in receipt of treatment services was not related to success outcomes.

It is difficult to assess the reasons for this finding. The analogy may be the findings from group therapy where open-ended sessions result in a bulk of "meaningful" material being accomplished at or near the end of a session. Diadio (1970) had suggested that short-term counseling procedures could be effective in social work settings. Basically Diadio talks of the reinforcing contingencies of welfare dependency and suggests that these variables must be the targets of treatment intervention. During

the length of the RMFE project, and although a Glasserian approach was generally applied, the type of counseling intervention varied considerably. In general it can be stated that treatment varied from relationship-supportive counseling, to a manipulation of reinforcement variables. A number of cases that had failed to respond to long-term supportive services proved to be "successful" (i.e. employment placement with stability) when a reinforcement model was used. In subsequent cases, there was probably less emphasis on the supportive elements (although still important) and a focus on behaviors that were maintaining the individual in his dependency status. In fact, a strict review of the RMFE project reveals that a number of Ss were treated from a reinforcement model. It has been argued elsewhere that reality therapy (in respect to what is done; the procedural considerations, not the theory) is essentially an operant reinforcement model.* Perhaps, then, it is not surprising that 'time on treatment' was not a significant variable. It is probable that given even relatively short periods of time, the necessary and essential rehabilitative factors of treatment were used to accomplish what had to be done. Clearly this needs much more thorough investigation

*A verbal presentation given by the author to Dr. Joseph Wolpe and students, March, 1970. The availability of the tape can be determined by writing Dr. J. Wolpe, Department of Psychiatry, Eastern Pennsylvania Psychiatric Institute, Henry Avenue, Philadelphia, Pa. 19129.

since actual cause and effect factors are not known. The author posits, however, that this variable was not significant because with the imposition of a short-time period, the type of treatment approach was modified (i.e. from a relationship-supportive services model to a reinforcement model). Consequently, Ss were "successful" even though they did not have the benefit of two full years of treatment services. As stated, this postulate cannot be confirmed or verified in respect to the data from the present study, but the author strongly suggests that future research should investigate the potential applicability of short-term treatment approaches to problems of chronic welfare dependency.

Although the referral procedures to the RMFE project were designed to elicit a sample of appropriate Ss, and random assignment procedures were carried out to minimize bias in groups, the analysis of this study suggests that some discrepancies between groups did exist.

Psychometric Measures

There was a statistically significant difference between experimental group Ss and control group Ss on the primary sizothymia versus affectothymia (A) dimension. This is an "emotionality" dimension, ranging from "flatness of affect" to "feeling." The experimental Ss were higher on this scale, suggesting a greater propensity to express their affectivity; more outgoing and participating. This difference was statistically significant at the .000 level.

There was a statistically significant difference between experimental group Ss and control group Ss on the primary crystallized intelligence (B) dimension. The results show that experimental group Ss were "more intelligent" than control group Ss, and this difference was statistically significant at the .05 level.

Analysis also reveals that there was a statistically significant difference between groups on the primary group dependency versus self-sufficiency (Q_2) dimension. This is one of the major factors in introversion. The results show that experimental group Ss were more group dependent and control group Ss were more self-sufficient. The difference between groups was statistically significant at the .01 level.

Analysis further shows that there was a difference between groups on the second-order factor, pathemia versus cortertia (Q_{III}). Cortertia means "cortical alertness" and indicates a propensity to handle problems in an objective manner. Pathemic individuals show a tendency to "feel" rather than "think." The results show that control group Ss were significantly higher on cortertia than experimental group Ss, and this difference was statistically significant at the .035 level.

Psychometric measures (initial testing) were not significantly related to success outcomes. Therefore it is difficult to determine what these differences between groups mean. It would seem that the best approach to interpretation is simply to take cognizance of the

differences, and to also be aware that these dimensions were not related to success outcomes.

Demographic Measures

Results show that on the length or duration of marriage variable, there was a statistically significant difference between groups. Experimental group Ss had been married longer than control group Ss. This difference was statistically significant at the .013 level. This measure was not statistically related to success outcomes.

A difference between groups was shown to exist on the 'number of children in the family' variable. The analysis shows the experimental group families had more children than control group families, and this difference was statistically significant at the .003 level. This measure was not statistically related to success outcomes.

A surprising result was the finding that a difference existed between groups on the 'time on treatment' variable. The analysis shows that experimental group Ss received more treatment time than did control group Ss. The difference was statistically significant at the .03 level. This result would suggest that the random assignment procedures discussed previously were not strictly adhered to. A review of the circumstances revealed that the RMFE project experienced considerable difficulty in obtaining referrals from the Department of Social Development, Edmonton, when they commenced their Employment Opportunities Program (refer to

Decore, 1969; Decore et al, 1970). It appears that Ss referred to the experimental group condition at this time were assigned to the experimental condition only, rather than Ss being randomly assigned to the experimental and control group condition. The difference was statistically significant at the .033 level. This variable was not statistically related to success outcomes.

Results further show that a difference exists between groups on the amount of welfare monies received pre-treatment. Experimental group Ss received more welfare monies than control group Ss and this difference was statistically significant at the .004 level. Since this variable is also significantly related to success outcomes (at the .007 level), with successful Ss receiving less welfare money pre-treatment than unsuccessful Ss, there would appear to be a bias against the experimental group Ss. This perhaps makes the outcome results (employment variable) more impressive, demonstrating that experimental group Ss were operating at a disadvantage in comparison with the control group Ss.

Finally, analysis reveals that a difference existed between groups on the 'months on welfare registration' pre-treatment variable. That is, experimental group Ss had been on welfare registration longer than control group Ss. This difference was statistically significant at the .003 level. Since this variable was also related significantly to success outcomes (at the .024 level), with successful Ss being on welfare for a shorter period of time than unsuccessful Ss, there would appear to be

another bias against the experimental group Ss. This, once again, makes the outcome results (employment variable) more impressive.

Situational Variables

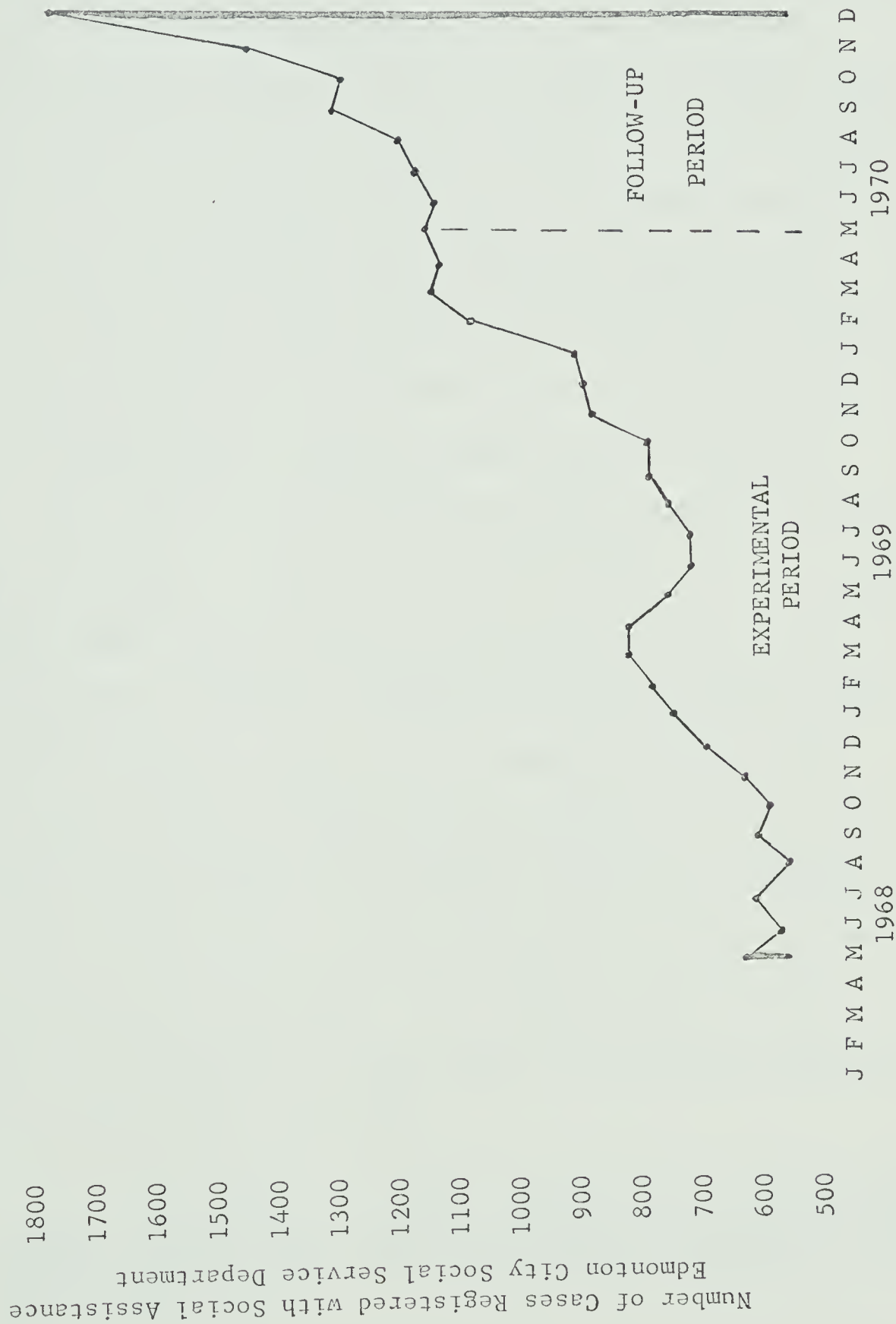
It has been stated previously that the outcome period used for this study included a time of extreme national and regional economic and unemployment instability. Figure 2 shows that, in fact, the period of the RMFE project study and this study analysis was one of marked rapidity regarding increasing welfare registrations (in the Edmonton area). The result is that "successes" are more difficult to achieve and maintain during this type of social situation (i.e. limited employment opportunities, monetary cut-backs and hence, staff reductions, etc.). The RMFE project had to decrease welfare dependency with CWD Ss when, in general, welfare registrations were increasing and the economic-labor market opportunities were becoming increasingly limited. It would appear that this particular time period presented a severe test for the RMFE project effects. The result that the experimental group condition was significantly superior, in comparison to the control group condition, in effecting stable employment and/or educational-trades training for its Ss is even more "acceptable" in view of these situational restrictions.

Summary

It is clear that studies to date, including the RMFE project, have not adequately demonstrated that existing treatment concepts and service applications are effective in removing the CWD individual from welfare rolls for a significant period of time.

NUMBER OF REGISTRATIONS FOR SOCIAL ASSISTANCE BY MONTH (MAY, 1968 TO DECEMBER, 1970)

FIGURE 2



The RMFE project did effect a significant level of employment and/or educational-trades training stability for its Ss. However, this "success" is costing more welfare monies, at the present time, than what it is costing in comparison with the control group. Furthermore, this cost for the experimental group was greater post-treatment than pre-treatment. Due to the long-term plans or goals of the experimental group Ss, however, eventual financial savings (suggested by Kupfer et al, 1970) have yet to be demonstrated. It would appear that financial outcomes cannot be realistically assessed at this time. The monetary trend would have to change considerably, however, for the RMFE project to establish itself as an effective agent in reducing chronic welfare dependency.

This study has been exploratory in many respects, but the analysis does seem to suggest that the CWD problem is not a simple one which would involve unidimensional interpretation. It is conceivable that individual variables are interacting with agency variables to produce a complex set of problem dimensions which collectively are termed chronic welfare dependency. The author has suggested that there may be powerful reinforcers inherent in the present welfare system which inadvertently reinforce failure and promote welfare dependency. This concept appears to be related to the findings and suggestions of the Arkansas Rehabilitation Service (1970) to the effect that:

. . . care should be exercised in each case to insure that client overdependence on agency services is not generated (and) perhaps further studies including behavior modification might present a new approach to the problem of job retention . . . (pp. vii-44).

Clearly the need exists for further and innovative research regarding the CWD problem. The author hopes this thesis has aided in suggesting some limitations in previous and present research attempts, and has further stimulated awareness of the need for effective dissemination of on-going research in this area and the need for theory-building. The author hopes that this thesis has suggested that perhaps behavioral variables will provide the best course of focus for subsequent research. An initial attempt has been made to suggest some possible theoretical issues which may be relevant to these behavioral variables and to the CWD problem in general. Specifically, it is tentatively posited by the author that CWD may best be understood (and perhaps modified) by a reinforcement model. In particular operant conditioning principles (e.g. Skinner, 1953; Ayllon and Azrin, 1968) may be the best approach to research in regard to agency variables and CWD, and perhaps the concepts and principles regarding conditioned anxiety reactions (e.g. Wolpe, 1958; Wolpe and Lazarus, 1966; Wolpe, 1969) may best explain the emittance of behavioral reactions which would be conducive to the development of CWD.

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